

Contract No. PH204

Client ☒ Non-Client ☐

CFDA No. 93.952

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STANDARD CONTRACT

THIS CONTRACT is entered into between the Florida Department of Children and Families, hereinafter referred to as the "Department" and LifeStream Behavioral Center, Inc., hereinafter referred to as the "Provider".

1. Contract Document

The Provider shall provide services in accordance with the terms and conditions specified in this contract including all attachments, exhibits, and documents incorporated by reference which constitute the contract document.

2. Requirements of Section 287.058, Florida Statutes (F.S.)

The Provider shall provide units of deliverables, including reports, findings, and drafts, as specified in this contract. These deliverables must be received and accepted by the contract manager in writing prior to payment, subject to subsequent audit and review and to the satisfaction of the Department. The Provider shall submit bills for fees or other compensation for services or expenses in sufficient detail for proper pre-audit and post-audit; where itemized payment for travel expenses are permitted in this contract, submit bills for any travel expenses in accordance with section 112.061, F.S., or at such lower rates as may be provided in this contract. To allow public access to all documents, papers, letters, or other public records as defined in subsection 119.011(12), F.S. and as prescribed by subsection 119.07(1) F.S., made or received by the Provider in conjunction with this contract except that public records which are made confidential by law must be protected from disclosure. It is expressly understood that the Provider's failure to comply with this provision shall constitute an immediate breach of contract for which the Department may unilaterally terminate the contract.

3. Purpose

The Department is engaging the Provider for the purpose of comprehensive substance abuse and mental health services.

4. Effective and Ending Dates

This contract shall begin on July 1, 2011, or on the date on which the contract has been signed by the last party required to sign it, whichever is later. It shall end at midnight, local time in Wildwood, Florida, on June 30, 2014.

5. State of Florida Law

This contract is executed and entered into in the State of Florida, and shall be construed, performed and enforced in all respects in accordance with Florida law, without regard to Florida provisions for conflict of laws. Courts of competent jurisdiction in Florida shall have exclusive jurisdiction in any action regarding this contract and venue shall be in Leon County, Florida.

6. Federal Law

- a. If this contract contains federal funds, the Provider shall comply with the provisions of federal law and regulations including, but not limited to, 45 Code of Federal Regulations (CFR), Part 74, 45 CFR, Part 92, and other applicable regulations.
- b. If this contract contains over \$100,000 of federal funds, the Provider shall comply with all applicable standards, orders, or regulations issued under section 306 of the Clean Air Act, as amended (42 United States Code (U.S.C.) 7401 et seq.), section 508 of the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et seq.), Executive Order 11738, as amended and where applicable, and Environmental Protection Agency regulations (40 CFR, Part 30). The Provider shall report any violations of the above to the Department.
- c. No federal funds received in connection with this contract may be used by the Provider, or agent acting for the Provider, or subcontractor to influence legislation or appropriations pending before the Congress or any State legislature. If this contract contains federal funding in excess of \$100,000, the Provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment III. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager, prior to payment under this contract.
- d. Unauthorized aliens shall not be employed. The Department shall consider the employment of unauthorized aliens a violation of section 274A(e) of the Immigration and Nationality Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the Department. Pursuant to Executive Order 11-02 signed on January 4, 2011, the Provider will use the E-verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its employees and the subcontractors' employees performing under this contract.
- e. If this contract contains \$10,000 or more of federal funds, the Provider shall comply with Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in Department of Labor regulation 41 CFR, Part 60 and 45 CFR, Part 92, if applicable.
- f. If this contract contains federal funds and provides services to children up to age 18, the Provider shall comply with the Pro-Children Act of 1994 (20 U.S.C. 6081). Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation or the imposition of an administrative compliance order on the responsible entity, or both.

7. Audits, Inspections, Investigations, Records and Retention

- a. The Provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of funds provided by the Department under this contract.
- b. Retention of all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract shall be maintained by the Provider for a period of six (6) years after completion of the contract or longer when required by law. In the event an audit is required by this contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this contract, at no additional cost to the Department.
- c. Upon demand, at no additional cost to the Department, the Provider will facilitate the duplication and transfer of any records or documents during the required retention period in Section 7.b.
- d. These records shall be made available at all reasonable times for inspection, review, copying, or audit by Federal, State, or other personnel duly authorized by the Department.
- e. At all reasonable times for as long as records are maintained, persons duly authorized by the Department and Federal auditors, pursuant to 45 CFR, section 92.36(i)(10), shall be allowed full access to and the right to examine any of the Provider's contracts and related records and documents, regardless of the form in which kept.
- f. A financial and compliance audit shall be provided to the Department as specified in this contract and in Attachment II.
- g. The Provider shall comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by The Office of the Inspector General (section 20.055, F.S.).

8. Monitoring by the Department

The Provider shall permit all persons who are duly authorized by the Department to inspect and copy any records, papers, documents, facilities, goods and services of the Provider which are relevant to this contract, and to interview any clients, employees and subcontractor employees of the Provider to assure the Department of the satisfactory performance of the terms and conditions of this contract. Following such review, the Department will deliver to the Provider a written report of its findings, and may direct the development, by the Provider, of a corrective action plan where appropriate. The Provider hereby agrees to timely correct all deficiencies identified in the corrective action plan. This provision will not limit the Department's termination rights under Section 42.

9. Indemnification

- a. The Provider shall be fully liable for the actions of its agents, employees, partners, or subcontractors and shall fully indemnify, defend, and hold harmless the State and the Department, and their officers, agents, and employees, from suits, actions, damages, and costs of every name and description, including attorneys' fees, arising from or relating to any alleged act or omission by the Provider, its agents, employees, partners, or subcontractors alleged to be caused in whole or in part by Provider, its agents, employees, partners, or subcontractors, provided, however, that the Provider shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the Department.
- b. The Provider shall fully indemnify, defend, and hold harmless the State and Department from any suits, actions, damages, and costs of every name and description, including attorneys' fees, arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret or intellectual property right, provided, however, that the foregoing obligation shall not apply to Department's misuse or modification of Provider's products or a Department's operation or use of Provider's products in a manner not contemplated by the contract or the purchase order. If any product is the subject of an infringement suit, or in the Provider's opinion is likely to become the subject of such a suit, the Provider may at its sole expense procure for the Department the right to continue using the product or to modify it to become non-infringing. If the Provider is not reasonably able to modify or otherwise secure the Department the right to continue using the product, the Provider shall remove the product and refund the Department the amounts paid in excess of a reasonable rental for past use. The Department shall not be liable for any royalties. The Provider's indemnification for violation or infringement of a trademark, copyright, patent, trade secret or intellectual property right shall encompass all such items used or accessed by the Provider, its officers, agents or subcontractors in the performance of this contract or delivered to the Department for the use of the Department, its employees, agents or contractors.
- c. The Provider shall protect, defend, and indemnify, including attorneys' fees and costs, the Department for any and all claims and litigation (including litigation initiated by the Department) arising from or relating to Provider's claim that a document contains proprietary or trade secret information that is exempt from disclosure or the scope of the Provider's redaction, as provided for under Section 34.
- d. The Provider shall not be liable for any cost, expense, or compromise incurred or made by the Department in any legal action without the Provider's prior written consent, which shall not be unreasonably withheld. The Provider's inability to evaluate liability or its evaluation of liability shall not excuse its duty to defend and indemnify after receipt of notice. Only an adjudication or judgment after the highest appeal is exhausted finding the Department negligent shall excuse the Provider of performance under this provision, in which case the Department shall have no obligation to reimburse the Provider for the cost of its defense. If the Provider is an agency or subdivision of the State, its obligation to indemnify, defend and hold harmless the Department shall be to the extent permitted by section 768.28, F.S. or other applicable law, and without waiving the limits of sovereign immunity.

10. Insurance

Continuous adequate liability insurance coverage shall be maintained by the Provider during the existence of this contract and any renewal(s) and extension(s) of it. By execution of this contract, unless it is a state agency or subdivision as defined by subsection 768.28(2), F.S., the Provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the Provider and the clients to be served under this contract. The limits of coverage under each policy maintained by the Provider do not limit the Provider's liability and obligations under this contract. Upon the execution of this contract, the Provider shall furnish the Department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The Department reserves the right to require additional insurance as specified in this contract.

11. Confidentiality of Client Information

The Provider shall not use or disclose any information concerning a recipient of services under this contract for any purpose prohibited by state or federal law or regulations except with the written consent of a person legally authorized to give that consent or when authorized by law.

12. Assignments and Subcontracts

- a. The Provider shall not assign the responsibility for this contract to another party without prior written approval of the Department, upon the Department's sole determination that such assignment will not adversely affect the public interest; however, in no event may Provider assign or enter into any transaction having the effect of assigning or transferring any right to receive payment under this contract which right is not conditioned on full and faithful performance of Provider's duties hereunder. Any sublicense, assignment, or transfer otherwise occurring without prior approval of the Department shall be null and void. The Provider shall not subcontract for any of the work contemplated under this contract without prior written approval of the Department, which shall not be unreasonably withheld.
- b. To the extent permitted by Florida Law, and in compliance with Section 9 of this Standard Contract, the Provider is responsible for all work performed and for all commodities produced pursuant to this contract whether actually furnished by the Provider or its subcontractors. Any subcontracts shall be evidenced by a written document. The Provider further agrees that the Department shall not be liable to the subcontractor in any way or for any reason. The Provider, at its expense, will defend the Department against such claims.
- c. The Provider shall make payments to any subcontractor within seven (7) working days after receipt of full or partial payments from the Department in accordance with section 287.0585, F.S., unless otherwise stated in the contract between the Provider and subcontractor. Failure to pay within seven (7) working days will result in a penalty that shall be charged against the Provider and paid by the Provider to the subcontractor in the amount of one-half of one percent (.005) of the amount due per day from the expiration of the period allowed for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15%) percent of the outstanding balance due.
- d. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the Provider. In the event the State of Florida approves transfer of the Provider's obligations, the Provider remains responsible for all work performed and all expenses incurred in connection with the contract. This contract shall remain binding upon the successors in interest of either the Provider or the Department.
- e. The Provider shall include, or cause to be included, in all subcontracts (at any tier) the substance of all clauses contained in this Standard Contract that mention or describe subcontract compliance.

13. Return of Funds

The Provider shall return to the Department any overpayments due to unearned funds or funds disallowed that were disbursed to the Provider by the Department and any interest attributable to such funds pursuant to the terms and conditions of this contract. In the event that the Provider or its independent auditor discovers that an overpayment has been made, the Provider shall repay said overpayment immediately without prior notification from the Department. In the event that the Department first discovers an overpayment has been made, the contract manager, on behalf of the Department, will notify the Provider by letter of such findings. Should repayment not be made forthwith, the Provider will be charged interest at the lawful rate of interest on the outstanding balance after Department notification or Provider discovery. Payments made for services subsequently determined by the Department to not be in full compliance with contract requirements shall be deemed overpayments.

14. Client Risk Prevention and Incident Reporting

If services to clients are to be provided under this contract, the Provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6 in the manner prescribed in CFOP 215-6 or circuit or region operating procedures. The Provider shall immediately report any knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96ABUSE). As required by Chapters 39 and 415, F.S., this provision is binding upon both the Provider and its employees.

15. Purchasing

Articles which are the subject of or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc., (PRIDE) identified under Chapter 946, F.S., in the same manner and under the procedures set forth in subsections 946.515(2) and (4), F.S. For purposes of this contract, the Provider shall be deemed to be substituted for the Department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, (800) 643-8459. The Provider shall procure any recycled products or materials, which are the subject of or are required to carry out this contract, in accordance with the provisions of sections 403.7065, F.S.

16. Civil Rights Requirements

In accordance with Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, or the Florida Civil Rights Act of 1992, as applicable the Provider shall not discriminate against any employee (or applicant for employment) in the performance of this contract because of race, color, religion, sex, national origin, disability, age, or marital status. Further, the Provider agrees not to discriminate against any applicant, client, or employee in service delivery or benefits in connection with any of its programs and activities in accordance with 45 CFR 80, 83, 84, 90, and 91, Title VI of the Civil Rights Act of 1964, or the Florida Civil Rights Act of 1992, as applicable and CFOP 60-16. These requirements shall apply to all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to clients or employees in connection with its programs and activities. The Provider shall complete the Civil Rights Compliance Checklist, CF Form 946 in accordance with CFOP 60-16 and 45 CFR 80. This is required of all Providers that have fifteen (15) or more employees.

17. Independent Capacity of the Contractor

- a. In performing its obligations under this contract, the Provider shall at all times be acting in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida, except where the Provider is a state agency. Neither the Provider nor its agents, employees, subcontractors or assignees shall represent to others that it has the authority to bind the Department unless specifically authorized in writing to do so. This contract does not create any right to state retirement, leave benefits or any other benefits of state employees as a result of performing the duties or obligations of this contract.
- b. The Provider shall take such actions as may be necessary to ensure that each subcontractor of the Provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida. The Department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the Provider, or its subcontractor or assignee, unless specifically agreed to by the Department in this contract. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the Provider, the Provider's officers, employees, agents, subcontractors, or assignees shall be the sole responsibility of the Provider.

18. Sponsorship

As required by section 286.25, F.S., if the Provider is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program state: "Sponsored by (Provider's name) and the State

of Florida, Department of Children and Families". If the sponsorship reference is in written material, the words "State of Florida, Department of Children and Families" shall appear in at least the same size letters or type as the name of the organization.

19. Publicity

Without limitation, the Provider and its employees, agents, and representatives will not, without prior Departmental written consent in each instance, use in advertising, publicity or any other promotional endeavor any State mark, the name of the State's mark, the name of the State or any State affiliate or any officer or employee of the State, or represent, directly or indirectly, that any product or service provided by the Provider has been approved or endorsed by the State, or refer to the existence of this contract in press releases, advertising or materials distributed to the Provider's prospective customers.

20. Final Invoice

The final invoice for payment shall be submitted to the Department no more than 20 days after the contract ends or is terminated. If the Provider fails to do so, all rights to payment are forfeited and the Department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the Provider and necessary adjustments thereto, have been approved by the Department.

21. Use of Funds for Lobbying Prohibited

The Provider shall comply with the provisions of sections 11.062 and 216.347, F.S., which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

22. Public Entity Crime and Discriminatory Contractors

Pursuant to sections 287.133 and 287.134, F.S., the following restrictions are placed on the ability of persons placed on the convicted vendor list or the discriminatory vendor list. When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, or an entity or affiliate has been placed on the discriminatory vendor list, such person, entity or affiliate may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or the repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity; provided, however, that the prohibition on persons or affiliates placed on the convicted vendor shall be limited to business in excess of the threshold amount provided in section 287.017, F.S., for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

23. Gratuities

The Provider agrees that it will not offer to give or give any gift to any Department employee. As part of the consideration for this contract, the parties intend that this provision will survive the contract for a period of two years. In addition to any other remedies available to the Department, any violation of this provision will result in referral of the Provider's name and description of the violation of this term to the Department of Management Services for the potential inclusion of the Provider's name on the suspended vendors list for an appropriate period. The Provider will ensure that its subcontractors, if any, comply with these provisions.

24. Patents, Copyrights, and Royalties

- a. It is agreed that all intellectual property, inventions, written or electronically created materials, including manuals, presentations, films, or other copyrightable materials, arising in relation to Provider's performance under this contract, and the performance of all of its officers, agents and subcontractors in relation to this contract, are works for hire for the benefit of the Department, fully compensated for by the contract amount, and that neither the Provider nor any of its officers, agents nor subcontractors may claim any interest in any intellectual property rights accruing under or in connection with the performance of this contract. It is specifically agreed that the Department shall have exclusive rights to all data processing software falling within the terms of section 119.084, F.S., which arises or is developed in the course of or as a result of work or services performed under this contract, or in anyway connected herewith. Notwithstanding the foregoing provision, if the Provider is a university and a member of the State University System of Florida, then section 1004.23, F.S., shall apply.
- b. If the Provider uses or delivers to the Department for its use or the use of its employees, agents or contractors, any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the compensation paid pursuant to this contract includes all royalties or costs arising from the use of such design, device, or materials in any way involved in the work contemplated by this contract.
- c. All applicable subcontracts shall include a provision that the Federal awarding agency reserves all patent rights with respect to any discovery or invention that arises or is developed in the course of or under the subcontract. Notwithstanding the foregoing provision, if the Provider or one of its subcontractors is a university and a member of the State University System of Florida, then section 1004.23, F.S., shall apply, but the Department shall retain a perpetual, fully-paid, nonexclusive license for its use and the use of its contractors of any resulting patented, copyrighted or trademarked work products.

25. Construction or Renovation of Facilities Using State Funds

Any state funds provided for the purchase of or improvements to real property are contingent upon the Provider granting to the state a security interest in the property at least to the amount of the state funds provided for at least five (5) years from the date of purchase or the completion of the improvements or as further required by law. As a condition of receipt of state funding for this purpose, the Provider agrees that, if it disposes of the property before the Department's interest is vacated, the Provider will refund the proportionate share of the state's initial investment, as adjusted by depreciation.

26. Information Security Obligations

- a. An appropriately skilled individual shall be identified by the Provider to function as its Data Security Officer. The Data Security Officer shall act as the liaison to the Department's security staff and will maintain an appropriate level of data security for the information the Provider is collecting or using in the performance of this contract. An appropriate level of security includes approving and tracking all Provider employees that request or have access to any Departmental data system or information. The Data Security Officer will ensure that user access to the data system or information has been removed from all terminated Provider employees.
- b. The Provider shall provide the latest Departmental security awareness training to its staff and subcontractors who have access to departmental information.
- c. All Provider employees who have access to departmental information shall comply with, and be provided a copy of CFOP 50-2, and shall sign the DCF Security Agreement form CF 0114 annually. A copy of CF 0114 may be obtained from the contract manager.

- d. The Provider shall make every effort to protect and avoid unauthorized release of any personal or confidential information by ensuring both data and storage devices are encrypted as prescribed in CFOP 50-2. If encryption of these devices is not possible, then the Provider shall assure that unencrypted personal and confidential departmental data will not be stored on unencrypted storage devices. The Provider shall require the same of all subcontractors.
- e. The Provider agrees to notify the contract manager as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential departmental data. The Provider shall require the same notification requirements of all subcontractors.
- f. The Provider shall provide notice to affected parties no later than forty-five (45) days following the determination of any potential breach of personal or confidential departmental data provided in section 817.5681, F.S. The Provider shall require the same notification requirements of all subcontractors.

27. Accreditation

The Department is committed to ensuring provision of the highest quality services to the persons we serve. Accordingly, the Department has expectations that where accreditation is generally accepted nationwide as a clear indicator of quality service, the majority of the Department's providers will either be accredited, have a plan to meet national accreditation standards, or will initiate a plan within a reasonable period of time.

28. Provider Employment Opportunities

- a. **Agency for Workforce Innovation and Workforce Florida:** The Provider understands that the Department, the Agency for Workforce Innovation, and Workforce Florida, Inc., have jointly implemented an initiative to empower recipients in the Temporary Assistance to Needy Families Program to enter and remain in gainful employment. The Department encourages Provider participation with the Agency for Workforce Innovation and Workforce Florida.
- b. **Transitioning Young Adults:** The Provider understands the Department's Operation Full Employment initiative to assist young adults aging out of the dependency system. The Department encourages Provider participation with the local Community-Based Care Lead Agency Independent Living Program to offer gainful employment to youth in foster care and young adults transitioning from the foster care system.

29. Health Insurance Portability and Accountability Act

The Provider shall, where applicable, comply with the Health Insurance Portability and Accountability Act (42 U. S. C. 1320d.) as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

30. Emergency Preparedness

- a. If the tasks to be performed pursuant to this contract include the physical care or supervision of clients, the Provider shall, within thirty (30) days of the execution of this contract, submit to the contract manager an emergency preparedness plan which shall include provisions for records protection, alternative accommodations for clients in substitute care, supplies, and a recovery plan that will allow the Provider to continue functioning in compliance with the executed contract in the event of an actual emergency. For the purpose of disaster planning, the term supervision includes the responsibility of the Department, or its contracted agents to ensure the safety, permanency and well-being of a child who is under the jurisdiction of a dependency court. Children may remain in their homes, be placed in a non-licensed relative/non-relative home, or be placed in a licensed foster care setting.
- b. The Department agrees to respond in writing within thirty (30) days of receipt of the plan accepting, rejecting, or requesting modifications. In the event of an emergency, the Department may exercise oversight authority over such Provider in order to assure implementation of agreed emergency relief provisions.
- c. An updated emergency preparedness plan shall be submitted by the Provider no later than twelve (12) months following the acceptance of an original plan or acceptance of an updated plan. The Department agrees to respond in writing within thirty (30) days of receipt of the updated plan, accepting, rejecting, or requesting modification to the plan.

31. PUR (Purchasing) 1000 Form

The PUR 1000 Form (10/06 version) is hereby incorporated by reference and made a part hereof as if fully recited herein. Sections 1.d., 2-4, 6, 8-13, 19, 22, 23, 27, 31, and 35 of the PUR 1000 Form are not applicable to this contract. Other provisions of the PUR 1000 Form are clarified, revised or supplemented as set forth elsewhere in this Standard Contract. In the event of any conflict between the PUR 1000 Form (10/06), and any terms or conditions of this contract the terms or conditions of this contract shall take precedence over the PUR 1000 Form.

32. Notification of Legal Action

The Provider shall notify the Department of legal actions taken against them or potential actions such as lawsuits, related to services provided through this contract or that may impact the Provider's ability to deliver the contractual services, or adversely impact the Department. The Department's contract manager will be notified within ten (10) days of Provider becoming aware of such actions or from the day of the legal filing, whichever comes first.

33. Whistleblower's Act Requirements

In accordance with subsection 112.3187(2), F.S., the Provider and its subcontractors shall not retaliate against an employee for reporting violations of law, rule, or regulation that creates substantial and specific danger to the public's health, safety, or welfare to an appropriate agency. Furthermore, agencies or independent contractors shall not retaliate against any person who discloses information to an appropriate agency alleging improper use of governmental office, gross waste of funds, or any other abuse or gross neglect of duty on the part of an agency, public officer, or employee. The Provider and any subcontractor shall inform its employees that they and other persons may file a complaint with the Office of Chief Inspector General, Agency Inspector General, the Florida Commission on Human Relations or the Whistle-blower's Hotline number at 1-800-543-5353.

34. Proprietary or Trade Secret Information

- a. Unless exempted by law, all public records are subject to public inspection and copying under Florida's Public Records Law, Chapter 119, F.S. Any claim by Provider of proprietary or trade secret confidentiality for any information contained in Provider's documents (reports, deliverables or workpapers, etc., in paper or electronic form) submitted in connection with this contract will be waived, unless the claimed confidential information is submitted in accordance with Section 34.b. below.
- b. The Provider must clearly label any portion of the documents, data, or records submitted that it considers exempt from public inspection or disclosure pursuant to Florida's Public Records Law as proprietary or trade secret. The labeling will include a justification citing specific statutes and facts that authorize exemption of the information from public disclosure. If different exemptions are claimed to be applicable to different portions of the protected information, the Provider shall include information correlating the nature of the claims to the particular protected information.

- c. The Department, when required to comply with a public records request including documents submitted by the Provider, may require the Provider to expeditiously submit redacted copies of documents marked as confidential or trade secret in accordance with Section 34.b. above. Accompanying the submission shall be an updated version of the justification under Section 34.b., correlated specifically to redacted information, either confirming that the statutory and factual basis originally asserted remain unchanged or indicating any changes affecting the basis for the asserted exemption from public inspection or disclosure. The redacted copy must exclude or obliterate only those exact portions that are claimed to be proprietary or trade secret. If the Provider fails to promptly submit a redacted copy, the Department is authorized to produce the records sought without any redaction of proprietary or trade secret information.
- d. The Provider shall be responsible for defending its claim that each and every portion of the redactions of proprietary or trade secret information are exempt from inspection and copying under Florida's Public Records Law.

35. Support to the Deaf or Hard-of-Hearing

- a. The Provider and its subcontractors, where direct services are provided, shall comply with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504), the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA), and the Children and Families Operating Instruction (CFOP) 60-10, Chapter 4, entitled "Auxiliary Aids and Services for the Deaf or Hard-of-Hearing."
- b. If the Provider or any of its subcontractors employs 15 or more employees, the Provider shall designate a Single-Point-of-Contact (one per firm) to ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504, the ADA, and CFOP 60-10, Chapter 4. The name and contact information for the Provider's Single-Point-of-Contact shall be furnished to the Department's grant or contract manager within 14 calendar days of the effective date of this requirement.
- c. The Provider shall, within 30 days of the effective date of this requirement, contractually require that its subcontractors comply with Section 504, the ADA, and CFOP 60-10, Chapter 4. A Single-Point-of-Contact shall be required for each subcontractor that employs 15 or more employees. This Single-Point-of-Contact will ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA and coordinate activities and reports with the Provider's Single-Point-of-Contact.
- d. The Single-Point-of-Contact shall ensure that employees are aware of the requirements, roles & responsibilities, and contact points associated with compliance with Section 504, the ADA, and CFOP 60-10, Chapter 4. Further, employees of providers and its subcontractors with 15 or more employees shall attest in writing that they are familiar with the requirements of Section 504, the ADA, and CFOP 60-10, Chapter 4. This attestation shall be maintained in the employee's personnel file.
- e. The Provider's Single-Point-of-Contact will ensure that conspicuous Notices which provide information about the availability of appropriate auxiliary aids and services at no-cost to the deaf or hard-of-hearing customers or companions are posted near where people enter or are admitted within the agent locations. Such Notices must be posted immediately by providers and subcontractors. The approved Notice can be downloaded through the Internet at: <http://www.dcf.state.fl.us/admin/civilrights/>
- f. The Provider and its subcontractors shall document the customer's or companion's preferred method of communication and any requested auxiliary aids/services provided in the customer's record. Documentation, with supporting justification, must also be made if any request was not honored. The Provider shall submit compliance reports monthly, by the 5th business day following the reporting month, to the Department's grant or contract manager. The Provider shall distribute Customer Feedback forms to customers or companions, and provide assistance in completing the forms as requested by the customer or companion.
- g. If customers or companions are referred to other agencies, the Provider must ensure that the receiving agency is notified of the customer's or companion's preferred method of communication and any auxiliary aids/service needs.

36. Contract Amount

The Department shall pay for contracted services according to the terms and conditions of this contract of an amount not to exceed \$20,122,938.00 or the rate schedule, subject to the availability of funds and satisfactory performance of all terms by the Provider. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract.

37. Contract Payment

Pursuant to section 215.422, F.S., the Department has five (5) working days to inspect and approve goods and services, unless the bid specifications, purchase order, or this contract specify otherwise. With the exception of payments to health care providers for hospital, medical, or other health care services, if payment is not available within forty (40) days, measured from the latter of the date a properly completed invoice is received by the Department or the goods or services are received, inspected, and approved, a separate interest penalty set by the Chief Financial Officer pursuant to section 55.03, F.S., will be due and payable in addition to the invoice amount. Payments to health care providers for hospital, medical, or other health care services, shall be made not more than thirty-five (35) days from the date eligibility for payment is determined. Financial penalties will be calculated at the daily interest rate of .03333%. Invoices returned to a Provider due to preparation errors will result in a non-interest bearing payment delay. Interest penalties less than one (1) dollar will not be paid unless the Provider requests payment. Payment shall be made only upon written acceptance by the Department and shall remain subject to subsequent audit or review to confirm contract compliance.

38. Financial Consequences for Provider's Failure to Perform

If the Provider fails to meet the minimum level of service or performance identified in this agreement, or that is customary for the industry, then the Department will apply financial consequences commensurate with the deficiency. Financial consequences may include but are not limited to refusing payment, withholding payments until deficiency is cured, tendering only partial payments, imposition of penalties per Section 41, and termination of contract and requisition of services from an alternate source. Any payment made in reliance on the Provider's evidence of performance, which evidence is subsequently determined to be erroneous, will be immediately due as an overpayment in accordance with Section 13 above, entitled "Return of Funds" to the extent of such error.

39. Vendor Ombudsman

A Vendor Ombudsman has been established within the Department of Financial Services. The duties of this office are found in section 215.422, F.S., which include disseminating information relative to prompt payment and assisting vendors in receiving their payments in a timely manner from a state agency. The Vendor Ombudsman may be contacted at (850) 413-5516.

40. Notice

Any notice that is required under this contract shall be in writing, and sent by U.S. Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery. Said notice shall be sent to the representative of the Provider responsible for administration of the program, to the designated address contained in this contract.

41. Financial Penalties for Failures to Comply with Requirement for Corrective Actions

- a. In accordance with the provisions of section 402.73(1), F.S., and Rule 65-29.001, F.A.C., corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.
- b. The increments of penalty imposition that shall apply, unless the Department determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action plan. The penalty, if imposed, shall not exceed ten percent (10%) of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made. Noncompliance that is determined to have a direct effect on client health and safety shall result in the imposition of a ten percent (10%) penalty of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made.
- c. Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five percent (5%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent (2%) penalty.
- d. The deadline for payment shall be as stated in the Order imposing the financial penalties. In the event of nonpayment the Department may deduct the amount of the penalty from invoices submitted by the Provider.

42. Termination

- a. This contract may be terminated by either party without cause upon no less than thirty (30) calendar days notice in writing to the other party unless a sooner time is mutually agreed upon in writing. Said notice shall be delivered by U.S. Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery to the contract manager or the representative of the Provider responsible for administration of the program.
- b. In the event funds for payment pursuant to this contract become unavailable, the Department may terminate this contract upon no less than twenty-four (24) hours notice in writing to the Provider. Said notice shall be sent by U.S. Postal Service or any expedited delivery service that provides verification of delivery. The Department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the Provider will be compensated for any work satisfactorily completed.
- c. In the event the Provider fails to fully comply with the terms and conditions of this contract, the Department may terminate the contract upon no less than twenty-four (24) hours (excluding Saturday, Sunday, and Holidays) notice in writing to the Provider after Provider's failure to fully cure such noncompliance within the time specified in a written notice of noncompliance issued by the Department specifying the nature of the noncompliance and the actions required to cure such noncompliance. In addition, the Department may employ the default provisions in Rule 60A-1.006(3), F.A.C., but is not required to do so in order to terminate the contract. The Department's failure to demand performance of any provision of this contract shall not be deemed a waiver of such performance. The Department's waiver of any one breach of any provision of this contract shall not be deemed to be a waiver of any other breach and neither event shall be construed to be a modification of the terms and conditions of this contract. The provisions herein do not limit the Department's right to remedies at law or in equity.
- d. Failure to have performed any contractual obligations under any other contract with the Department in a manner satisfactory to the Department will be a sufficient cause for termination. To be terminated as a Provider under this provision, the Provider must have: (1) previously failed to satisfactorily perform in a contract with the Department, been notified by the Department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the Department; or (2) had a contract terminated by the Department for cause. Termination shall be upon no less than twenty-four (24) hours notice in writing to the Provider.

43. Renegotiations or Modifications

Modifications of provisions of this contract shall be valid only when they have been reduced to writing and duly signed by both parties. The rate of payment and the total dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the Department's operating budget.

44. Dispute Resolution

Any dispute concerning performance of the contract or payment hereunder shall be decided by the Department's contract manager, who shall reduce the decision to writing and provide a copy to the Provider. The decision shall be final and conclusive unless within twenty-one (21) calendar days from the date of receipt of the contract manager's decision, the Provider delivers to the contract manager a petition for alternative dispute resolution. After receipt of a petition for alternative dispute resolution the Department and the Provider shall attempt to amicably resolve the dispute through negotiations. Timely delivery of a petition for alternative dispute resolution and completion of the negotiation process shall be a condition precedent to any legal action by the Provider concerning this Contract. After timely delivery of a petition for alternative dispute resolution, the parties may employ any dispute resolution procedures described in the Attachment I or other attachment, or mutually agree to an alternative binding or nonbinding dispute resolution process, the terms of which shall be reduced to writing and executed by both parties. Completion of such agreed process shall be deemed to satisfy the requirement for completion of the negotiation process. This provision shall not limit the parties' rights of termination under Section 42.

45. Official Payee and Representatives (Names, Addresses, Telephone Numbers, and e-mail addresses)

a. The Provider name, as shown on page 1 of this contract, and mailing address of the official payee to whom the payment shall be made is:

Name: LifeStream Behavioral Center, Inc.

Address: P.O. Box 491000

City: Leesburg State: FL Zip Code: 34749-1000

Phone: 352-315-7500

ext:

b. The name of the contact person and address, telephone, and e-mail address where financial and administrative records are maintained is:

Name: Carol Dozier, CFO

Address: 515 W. Main Street

City: Leesburg State: FL Zip Code: 34748

Phone: 352-315-7532

ext:

e-mail: cdozier@lsbc.net

c. The name, address, telephone number and e-mail address of the contract manager for the Department for this contract is:

Name: Lynda M. Glick

Address: 1601 W. Gulf Atlantic Highway

City: Wildwood State: FL Zip Code: 34785

Phone: 352-330-5524

ext:

e-mail: lynda_glick@dcf.state.fl.us

d. The name, address, telephone number and e-mail of the representative of the Provider responsible for administration of the program under this contract is:

Name: Howard Wiener

Address: 515 W. Main Street

City: Leesburg State: FL Zip Code: 34748

Phone: 352-315-7526

ext:

e-mail: hwiener@lsbc.net

Upon change of representatives (names, addresses, telephone numbers and e-mail addresses) by either party, notice shall be provided in writing to the other party and the notification attached to the originals of this contract.

46. All Terms and Conditions Included

This contract and its attachments, I, II, III and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken. In the event of a conflict between the provisions of the documents, the documents shall be interpreted in the following order of precedence:

- Attachment I and other attachments, if any;
- Any documents incorporated into any attachment by reference;
- The Standard Contract;
- Any documents incorporated herein by reference

By signing this contract, the parties agree that they have read and agree to the entire contract, as described in Section 46 above.

IN WITNESS THEREOF, the parties hereto have caused this 138 page contract to be executed by their undersigned officials as duly authorized.

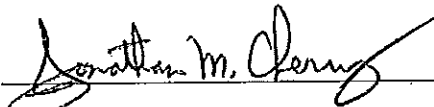
PROVIDER: LifeStream Behavioral Center, Inc.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Signature:

Print/Type

Name:


Jonathan M. Cherry

Title:

President/CEO

Date:

6/21/2011

Signature:

Print/Type

Name:


William S. D'Aluto

Title:

Circuit Administrator

Date:

6/21/11

STATE AGENCY 29 DIGIT FLAIR CODE: N/A

Federal Tax ID # (or SSN): 59-1561501

Provider Fiscal Year Ending Date: 06/30

ATTACHMENT I

A. Services To Be Provided**1. Definition of Terms****a. Contract Terms**

Contract terms used in this document can be found in the Florida Department of Children and Families Glossary of Contract Terms, which is incorporated herein by reference and will be provided by the contract manager.

b. Program/Service Specific Terms

(1) "Activity" means an educational process or procedure intended to stimulate learning.

(2) "Approaches" mean the methods used in dealing with or accomplishing a task or goal.

(3) "Assessment Instrument" means a tool used for collection of detailed information concerning an individual's substance abuse, emotional and physical health, social roles, and other areas that may reflect the severity of the individual's abuse of alcohol or drugs, as a basis for identifying an appropriate treatment regimen.

(4) "Client" (synonymous with recipients of services) means any individual who is receiving services in any substance abuse or mental health program whose cost of care is paid, in part or in whole, by the department, Medicaid, Medicaid capitated managed care entities, or local match. Prevention individuals who take part in substance abuse prevention programs are referred to as participants.

(5) "Clinician" means a substance abuse or mental health professional that provides one or more of the following services: assessment; individual, group, or family counseling services; or case management.

(6) "CODECAT™ (Co-occurring Disorders Educational Competency Assessment Tool)" means a tool used to evaluate clinicians' training needs based on a competency assessment to determine knowledge, skills, attitudes, and values relative to persons with co-occurring disorders.

(7) "Community" means a specific geographic or demographic population. Geographic includes counties and municipalities. Demographic includes race, ethnicity, age, gender or any combination thereof. **(Prevention Only)**

(8) "Community-Based" means mental health and/or substance abuse services provided outside a state mental health facility or inpatient settings, such as psychiatric residential treatment facilities for children.

(9) "Community-Based Medicaid Administrative Claiming (CBMAC)" means the mechanism whereby states are eligible to claim federal Medicaid funds/reimbursement for qualifying Medicaid administrative activities.

(10) "Community Prevention" means strategies and activities aimed at changing community conditions related to substance abuse. It is aimed at larger universal populations and selected sub-populations, does not track specific individuals and includes environmental strategies designed to change one or more community conditions.

(11) "COMPASS™ (Comorbidity Program Audit and Self-Survey for Behavioral Health Services)" means a tool that can be used by behavioral health care systems to assess program competencies in multiple areas that reflect the basic expectations of program performance for mental health services, substance abuse disorder services and integrated systems of care.

(12) "Comprehensive Community Action Plan" means a plan developed by a local, department recognized, community substance abuse coalition which is based on an assessment of substance abuse related epidemiology data and the resources needed to address identified needs. The plan includes goals to reduce the community's prioritized substance use problems and the approaches to take to achieve them.

(13) "Comprehensive, Continuous, Integrated System of Care (CCISC) model" means a system design and implementation model for organizing services for individuals and families with co-occurring disorders that is designed to improve services capability on a statewide or regional basis to achieve: system level change; efficient use of resources; use of evidence-based and consensus based practices; and integrated mental health and substance abuse services throughout the system, by organizing a process in which every program improves their provision of co-occurring disorder services, and every clinical staff person improves their level of co-occurring disorder service competency based on their job and level of training.

(14) "Continuous Quality Improvement" –means the systematic on-going process of improving performance, both in process and end of process indicators, in order to meet the individual service recipient's valid requirements.

(15) "Co-occurring Disorder" means any combination of mental health and substance abuse in any individual, whether or not they have been already diagnosed.

(16) "Co-occurring disordered family" means a family where one member has one kind of problem, like a child with an emotional disturbance, and another member has another kind of problem, like a family member or caregiver with a substance abuse issue.

(17) "Co-occurring Disorder Service Capability" means the ability of any program to organize every aspect of its program infrastructure (policies, procedures, practices, documentation, and staff competencies), within its existing resources, to be able to provide appropriately matched, integrated services to the individuals and families with co-occurring disorders that are routinely presenting for care in that program.

(18) "Culturally Competent Services" means acknowledging and incorporating variances in normative acceptable behaviors, beliefs and values in determining an individual's mental wellness/illness and incorporating those variances into assessments and treatment that promotes recovery.

(19) "DCF PAM 155-2" means the Department of Children & Families, Pamphlet 155-2 - Mental Health and Substance Abuse Measurement and Data, effective July 2010 (10th edition, version 1)", or the latest revised edition thereof means a document promulgated by the department that contains required data-reporting elements for substance abuse and mental health services, and which can be found at:
http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml, and is incorporated herein by reference.

(20) "Direct Contact" means activities conducted by a specialist while in direct contact with a child or adult. These services may be provided in a one-to-one context, where the specialist is working with only one participant at a time or in a group context where the specialist is working directly with more than one participant. (NOTE: This may include family members or other collateral contacts as indicated in the program manual.)

(21) "Epidemiology data" means data relating to factors affecting the health and illness of populations that serve as the foundation and logic of interventions made in the interest of public health.

(22) "Evidence-Based" means those practices that are based on accepted practices in the profession and are supported by research, field recognition, or published practice guidelines.

(23) "Florida System of Care (FSC)" means the department's initiative to integrate substance abuse and mental health service structures to promote co-occurring disorder service capability throughout the system of care from the initial point of client contact at assessment through conclusion of services.

(24) "KIT Solutions" means the entity that maintains the data base called Performance Based Prevention System (PBPS).

(25) "Participant" means any individual who takes part in targeted substance abuse prevention programs, activities or services which are paid, in part or in whole, by the department.

(26) "Payor class" means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-pay health insurance, private-pay health maintenance organization, private preferred provider organization, the Department of Children and Family Services, other government programs, self-pay patients, and charity care.

(27) "PBPS" means the Performance Based Prevention System that collects data related to community assessments and plans and substance abuse prevention programs and activities. The system can be accessed by contacting technical support at 1-888-600-4777 or <https://kitprevention.kithost.net/>.

(28) "Prevalence" means the count of all individuals affected by a disease/condition within a particular period of time, compared with the entire population of concern.

(29) "Prevention" means a process involving strategies aimed at the individual or the environment which preclude, forestall, or impede the development of substance abuse problems and promote healthy development of individuals, families and communities.

(30) "Prevention Planning Tool (PPT)" means the data collection module contained in PBPS that collects a variety of program information. It is designed to assure substance abuse prevention contracts reflect best practices and level of effort, inform the department's coalition and provider support system, and set the stage for evaluating effectiveness in achieving community and program outcomes.

(31) Prevention Program Description (PPD) means the report generated as a result of completing the PPT. The PPD contains the information required for a Program Description pursuant to Rule 65E-14.021, Florida Administrative Code (F.A.C.).

(32) "Program" means a structured Schedule of Activities designed so that participants will attain so far as possible, certain educational, attitudinal, social and behavioral objectives. This is an unduplicated count of participants.

(33) "Program Description" means the document the provider prepares and submits to the department for approval prior to the start of the contract period, which provides a detailed description of the services to be provided under the contract pursuant to Rule 65E-14.021, F.A.C. It includes but is not limited to the provider's organizational profile, a detailed description of each program and cost center funded in the contract, the geographic service area, service capacity, staffing information, and client and target population to be served.

(34) "Protected Health Information" (PHI) means any information whether oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

(35) "SAMH" means the Substance Abuse and Mental Health Programs within the department.

(36) "Schedule of Activities" means the written instructional content, materials, resources, and processes necessary to attain educational objectives.

(37) "Substance Abuse and Mental Health Information System (SAMHIS)" means the department's online data system which providers are required to use to collect and report data and performance outcomes on persons served whose services are paid for, in part or in whole, by the department's Substance Abuse and Mental Health (SAMH) contract, Medicaid, or local match. Instructions on how to access the system can be found in DCF PAM 155-2.

(38) "Targeted Prevention" means education and other evidence-based practices conducted with groups of individuals to reduce personal risk factors or substance abuse or strengthen protective factors.

2. General Description

a. General Statement

The services provided under this contract are community-based substance abuse and mental health services for adults and/or children, as authorized in s. 394.74, Florida Statutes (F.S.). This is a multi-year contract for **three** years.

The Substance Abuse and Mental Health Programs within the department are developing a system wide initiative to implement a Comprehensive, Continuous, and Integrated System of Care (CCISC) throughout Florida for persons with co-occurring substance abuse and mental health disorders. All providers shall review their existing business and clinical service practices to improve the identification of individuals and families with co-occurring disorders and engage in a quality improvement process to improve co-occurring disorder service capability. In this context, the provider shall work with the department to develop and implement the Florida System of Care (FSC) to better meet the needs of individuals with co-occurring substance abuse and mental health disorders. The process will be open, transparent, dynamic, fluid, and visible. The process shall also serve as an opportunity for collaboration to continuously improve the quality of services provided to the citizens of Florida. During the course of the contract period, the department will require that the provider participate in the process of improving co-occurring disorder service capability system wide.

b. Authority

The department's authority to contract is provided by ss. 20.19, 39.001(2), 39.001(4), 394.457(3), 397.305(2), and 397.321(5), F.S.

c. Scope of Service

The following scope of service applies to each fiscal year of the contract period.

The provider is responsible for the administration and provision of services to the target population(s) indicated in **Exhibit A.**, and in accordance with the tasks outlined in Section B.1.a., of this contract attachment. Services shall also be delivered at the locations specified in, and in accordance with the Program Description, which is herein incorporated by reference and maintained in the contract manager's file.

d. Major Program Goals

(1) The intent of the Substance Abuse and Mental Health Programs is to promote and improve the behavioral health of the citizens of the state by making substance abuse and mental health prevention, treatment and support services available through a community-based system of care.

(2) It is the goal of the provider to improve co-occurring disorder service capability in all programs.

(3) The intent of substance abuse prevention is to promote and improve the behavioral health of Florida's communities and citizens by strategically

applying prevention programs, and environmental strategies that are relevant to community needs as defined in a department approved Comprehensive Community Action Plan. Once approved, the plan can be obtained at: <https://kitservices2.kithost.net/>.

3. Clients to be Served

See Exhibit A for HC02, Clients/Participants to be Served.

B. Manner of Service Provision

1. Service Tasks

The following tasks must be completed for each fiscal year covered in the contract period.

a. Task List

(1) The provider shall use the Florida Supplement to the American Society of Addiction Medicine Patient Placement Criteria, Second Edition (ASAM PPC-2) revised effective July 10, 2006, or the latest revised edition thereof, for assessing and placing clients receiving substance abuse treatment services which can be obtained at: <http://www.asam.org/PatientPlacementCriteria.html>.

(2) Based on client needs, the provider agrees to provide appropriate services from the list of approved programs/activities described in **Exhibit G for HC02, State Funding by Program and Activity** and the description of such services specified in the Program Description as required by Rule 65E-14.021, F.A.C.

(3) During the course of the contract period, the provider shall design services based on the recognition of the needs of individuals and families with co-occurring disorders in the population served, and participate with the department in a quality improvement process to improve co-occurring disorder service capability in all programs.

(4) The provider shall establish a grievance procedure that applicants for, and recipients of, services may use to present grievances to the governing authority of the provider regarding services being provided under this contract.

(5) If the provider provides medication management services, the provider shall ensure that clients discharged from state mental health treatment facilities will be maintained on the medication that was prescribed for them by

the facility at discharge pursuant to s. 394.676, F.S. Maintenance includes performing required lab tests, providing the medication, and providing appropriate physician oversight.

(6) Contracted Mental Health providers shall participate in the department's aftercare referral process for formerly incarcerated individuals with severe and persistent mental illness or serious mental illness who are released to the community or who are determined to be in need of long-term hospitalization. Participation shall be as specified in Children and Families Operating Procedure 155-47 (CFOP 155-47), Processing Referrals from the Department Of Corrections which can be obtained at: <http://www.dcf.state.fl.us/admin/publications/policies/155-47.pdf>, and is incorporated herein by reference.

(7) Substance Abuse Treatment providers contracted for HIV Early Intervention Services shall designate a representative to participate in the local Department of Health HIV/AIDS planning body meetings. The provider shall participate in a minimum of 50% of the meetings involving community service partners.

(8) The provider shall serve the number of persons indicated in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs** within the activities specified on **Exhibit G for HC02, State Funding by Program and Activity**.

(9) The provider shall deliver services described in **Exhibit G for HC02, State Funding by Program and Activity**, according to the Program Description that is on file in the department contract manager's file and incorporated herein by reference.

(10) The provider agrees to comply with the provisions of **Exhibit N Substance Abuse Family Intervention Specialist Services**.

(11) The provider agrees to comply with the provisions of **Exhibit K, Forensic Mental Health Services**.

(12) Providers of services to residents in Assisted Living Facilities with a Limited Mental Health license agree to comply with the provisions of the department's **Exhibit M, Assisted Living Facilities With A Limited Mental Health License**.

(13) The provider shall perform the following tasks related to the co-occurring disorder service capability initiative:

(a) Develop and submit to the department for approval by October 1st of

each year of the contract term a **Co-occurring Action Plan**. This is a plan for assessing and referring clients with co-occurring disorders that details:

- i. An overview of the provider's co-occurring disorder service capabilities with regard to service structure (assessment, stabilization, treatment, support, and other services);
- ii. Networking capacities with local providers in the community for persons with co-occurring disorders;
- iii. Strategies and activities to develop or improve co-occurring disorder service capability;
- iv. Scope of services and programs to be included in the process; and
- v. Timeframes for reviewing co-occurring disorder service capability within each provider program.

(b) Evaluate provider co-occurring disorder service capability as directed by the department using the **COMPASS** with:

- i. A focus group of administrators, clinicians, and support staff;
- ii. A minimum of one program or a sample of programs on or before June 30th of each year.
- iii. Follow-up evaluations done at least annually for each program or sample of programs; and
- iv. Programs or a sample of programs in accordance with timeframes outlined in the action plan for each contract year.

(c) Following evaluation of each program using the COMPASS, evaluate clinicians' co-occurring disorder service capabilities as directed by the department using the **CODECAT** with:

- i. A minimum of one program or a sample of programs by June 30th of each year.
- ii. Follow-up evaluations done at least annually for clinicians within each program or sample of programs; and
- iii. Clinicians in programs or sample of programs in accordance with timeframes outlined in the action plan for each contract year.

(d) Develop and submit to the department a summary report by June 30th of each year that details:

- i. The types of provider involvement in state and local co-occurring planning processes;
- ii. The number of times the COMPASS was used and the composition of the focus group(s) for each use;
- iii. Brief narrative detailing the findings from the COMPASS, the action steps developed, and progress made for each action step;
- iv. The number of clinicians evaluated using the CODECAT;
- v. Brief narrative detailing the findings from the CODECAT and action steps developed to enhance clinicians' co-occurring attitudes, knowledge, values and skills; and
- vi. Overall progress toward co-occurring disorder service capability development in accordance with timeframes specified in the action plan.

(14) Any provider that attains or that already has attained co-occurring disorder service capability shall demonstrate prior use of the COMPASS and CODECAT assessment tools as part of their overall process to improve co-occurring disorder service capabilities, and shall:

(a) Submit to the department for approval a compliance report by June 30th of each year in lieu of repeating the administration of the COMPASS and CODECAT assessment tools. The compliance report shall provide detail on when and how the assessment tools were used and the program(s) and staff participating in the evaluations. The COMPASS and CODECAT assessment tools can be found at: www.ZiaPartners.com.

(b) The provider shall provide copies of training guidelines or curricula and co-occurring policies to demonstrate attainment of co-occurring disorder service capability. This compliance report and related documents will be accepted, upon approval from the department, in lieu of the annual requirement for an action plan; and

(c) Submit a summary report by June 30th each year that describes through brief narrative, any changes to the co-occurring disorder service structure including new programs, training, or changes in policy and

procedures.

(15) The provider shall comply with CFOP 215-8, Oversight Of Human Subject Research And Institutional Review Board Designation. The policy and guidance can be found at: <http://www.dcf.state.fl.us/admin/publications/humanResearch.shtml>.

Approval from the department is mandatory for all research conducted by any department employee, contracted organization or individual, or any public or private vendor, even if the aforementioned has their own Institutional Review Board which has granted approval.

(16) The provider shall execute a Memorandum of Understanding (MOU) with the appropriate Federally Qualified Health Center within ninety (90) days of the effective date of this contract or of an amendment adding this requirement to an existing contract. The MOU shall be submitted to the Circuit or Region SAMH contract manager upon completion. The MOU provides for integration of primary care services to the medically underserved.

(17) The provider will shall demonstrate efforts to initiate and support local county implementation of the Medicaid Substance Abuse Local Match Program in order to expand community service capacity through draw down of Federal funding.

(18) All providers of substance abuse and mental health services shall comply with TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, Title 42, Chapter 21, Subchapter V to ensure that the following Culturally Competent Care Provisions are integrated throughout the continuum of care for all individuals served:

(a) Ensure that all consumers have access to care from staff in an understandable and respectful manner that is compatible with the consumer's cultural beliefs, practices and preferred language;

(b) Ensure that strategies are implemented in the recruitment, retention and promotion of a diverse staff at all levels of care and throughout the leadership of the organization; and

(c) Ensure that staff receive ongoing education and training in culturally competency across all disciplines resulting in appropriate service delivery.

(19) The provider shall provide prevention services as outlined in 65D-30.013, F.A.C., and in accordance with prevention terms defined in Section A.1.b., of this contract attachment.

(20) The provider shall complete the Prevention Program Tool (PPT)

contained in the Performance Based Prevention System (PBPS) during the initial contract negotiations or when negotiating an amendment to the contract, and submit to the contract manager for review. Once a contract has been signed, the "final" approved PPT shall be printed from PBPS and sent to the contract manager within thirty (30) days of contract execution. ***(Substance Abuse Prevention only).***

(21) The provider's Prevention Program Coordinator and any other personnel responsible for entering data into the Prevention data system, including providers who upload data from their own system, shall register and complete training on use of the PPT at least annually.

(22) The provider shall collaborate with the local community substance abuse coalitions (where available) to help develop prevention capacity to implement relevant and appropriate evidence-based practices in support of a department-approved Comprehensive Community Action Plan.

(23) Based on the most recent local department approved Comprehensive Community Action Plan, the provider agrees to administer and deliver appropriate evidence-based programs or strategies as specified in the Program Description required by Rule 65E-14.021, F.A.C., and is on file in the department contract manager's file and incorporated herein by reference.

b. Task Limits

The provider shall perform services in accordance with applicable rules, statutes, and licensing standards.

2. Staffing Requirements

a. Staffing Levels

The provider shall maintain staffing levels in compliance with applicable rules, statutes, and licensing standards. See **Exhibit F, Minimum Service Requirements.**

b. Professional Qualifications

(1) The provider shall comply with applicable rules, statutes, and licensing standards with regard to professional qualifications. See **Exhibit F, Minimum Service Requirements.**

(2) The provider shall provide employment screening for all mental health personnel and all owners, directors, and chief financial officers of service providers using the standards for Level II screening set forth in Chapter 435, and s. 408.809 F.S., except as otherwise specified in s. 394.4572(1)(b)-(c),

F.S. For the purposes of this contract "Mental Health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health and substance abuse programs and facilities who have direct contact with clients of mental health services. Additionally, the provider shall provide employment screening for substance abuse personnel using the standards set forth in Chapter 397, F.S.

(3) As part of the FSC initiative, the provider shall participate with the department in a continuous quality improvement process to organize all programs to ensure staff that provide clinical care demonstrate improvement in their co-occurring disorder service capabilities.

c. Staffing Changes

The provider shall notify the department's contract manager, in writing, at least ten (10) calendar days prior to staffing changes regarding the positions of Chief Executive Officer, Chief Operating Officer and Chief Financial Officer pursuant to Rule 65E-14.021(8)(d)5., F.A.C.

d. Subcontractors

This contract allows the provider to subcontract for the provision of all services, subject to the provisions of Section I.I. of the Standard Contract. Written requests by the provider to subcontract for the provision of services under this contract will be routed through the contract manager for department approval. The act of subcontracting shall not in any way relieve the provider of any responsibility for the contractual obligations of this contract.

(1) The United States Public Health Service Act, Sections 1931(a)(1)(E), and 1916 (a)(5), and Title 45 of the Code of Federal Regulations, Part 96.135(a)(5) prohibit States from expending Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Community Mental Health Services funds "To provide financial assistance to any entity other than a public or non-profit private entity". Ordinarily, the term "financial assistance" is used to describe a grant relationship as distinguished from a procurement relationship, typically funded by contract. **While the above-referenced statute and regulations preclude States from providing grants to for-profit entities, procurement contracts may be entered into with for-profit entities.** This is the latest interpretation from the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (4/5/2009). [PHS Act, ss. 1931(a)(1)(E), and 1916 (a)(5), and 45 CFR, Part 96.135(a)(5)] Additional guidance for contracting SAPTBG funds can be obtained in the SAMH Funding Restrictions Guide at the following website:
<http://www.dcf.state.fl.us/mentalhealth/publications/samhfund.doc>

3. Service Location and Equipment

a. Service Delivery Location

The location of services will be as specified in the Program Description required by Rule 65E-14.021(8)(d)1.d.(III), F.A.C.

b. Service Times

(1) The days and times will be as specified in the Program Description.

(2) The provider shall notify the department's contract manager, in writing, at least ten (10) calendar days prior to any changes in days and times where services are being provided pursuant to Rule 65E-14.021(8)(d)5., F.A.C.

c. Changes in Location

The provider shall notify the department's contract manager, in writing, at least ten (10) calendar days prior to any changes in locations where services are being provided pursuant to Rule 65E-14.021(8)(d)5, F.A.C.

d. Equipment

The provider shall furnish all appropriate equipment necessary for the effective delivery of the services purchased.

4. Deliverables

a. Services

The provider shall deliver the services specified in and described in the Program Description submitted by the provider and as set forth in, **Exhibit G for HC02, State Funding by Program and Activity.**

b. Records and Documentation

The provider shall protect confidential records from disclosure and protect client confidentiality in accordance with ss. 397.501(7), 394.455(3), 394.4615, and 414.295, F.S., and also the Health Insurance Portability and Accountability Act (HIPAA), and any other applicable State, and Federal laws, rules, and regulations.

c. Reports

(1) The provider shall submit to the department financial and programmatic reports specified in **Exhibit C, Required Reports**, by the timeframes specified.

(2) The provider shall ensure that its audit report will include the standard schedules that are outlined in Rule 65E-14.003, F.A.C.

(3) The provider shall submit treatment data to the department, as required in s. 394.74(3) (e), F.S., and Rule 65E-14.022, F.A.C., and the provider shall submit the data electronically by the 15th of each month as specified in the DCF PAM 155-2. The provider shall also:

(a) Ensure that the data submitted clearly documents all client admissions and discharges which occurred under this contract;

(b) Ensure that all data submitted to the Substance Abuse and Mental Health Information System (SAMHIS) is consistent with the data maintained in the provider's clients' files;

(c) Review the department's File Upload History screen in SAMHIS to determine the number of records accepted, updated and rejected. Based on this review, the provider shall download any associated error files to determine which provider records were rejected and to make sure that the rejected records are corrected and resubmitted in the SAMHIS;

(d) Resubmit corrected records no later than the next monthly submission deadline. The failure to submit any data set or the provider's total monthly submission per data set, which results in a rejection rate of ten percent (10%) or higher of the number of monthly records submitted will require the provider to submit a corrective action plan describing how and when the missing data will be submitted or how and when the rejected records will be corrected and resubmitted; and

(e) In accordance with the provisions of s. 402.73(7), F. S., and Rule 65-29.001 F.A.C., corrective action plans may be required for non-compliance, nonperformance, or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

(4) The provider shall submit prevention data to PBPS. The provider shall submit the data electronically by the 15th of each month as specified in the DCF PAM 155-2. The provider shall also:

- (a) Ensure that the data submitted clearly documents all program participants, programs and strategies which occurred under this contract;
 - (b) Ensure that all data submitted to PBPS is consistent with the data maintained in the provider's clients' files;
 - (c) Review the provider's File Upload History screen in PBPS to determine the number of records accepted, updated and rejected. Based on this review, the provider shall download any associated error files to determine which provider records were rejected and to make sure that the rejected records are corrected and resubmitted in the PBPS.
 - (d) Resubmit corrected records no later than the next monthly submission deadline. The failure to submit any data set or the provider's total monthly submission per data set, which results in a rejection rate of ten percent (10%) or higher of the number of monthly records submitted will require the provider to submit a corrective action plan describing how and when the missing data will be submitted or how and when the rejected records will be corrected and resubmitted; and
 - (e) In accordance with the provisions of s. 402.73(7), F. S., and Rule 65-29.001 F.A.C., corrective action plans may be required for non-compliance, nonperformance, or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.
- (5) A facility designated as a public receiving or treatment facility under this contract shall report the following Payor Class data to the department, unless such data are currently being submitted into SAMHIS.. Public receiving or treatment facilities that do not submit data into SAMHIS, shall report these data annually as specified in **Exhibit C, Required Reports**, even if such data are currently being submitted to the Agency for Health Care Administration:
- (a) Number of licensed beds available by Payor Class;
 - (b) Number of contract days by Payor Class;
 - (c) Number of persons served (unduplicated) in program by Payor Class and diagnoses;
 - (d) Number of utilized bed days by Payor Class;
 - (e) Average length of stay by Payor Class; and
 - (f) Total revenues by Payor Class.

(6) The provider shall obtain the format and directions for submitting Payor Class data from the department.

(7) The provider shall submit Payor Class data to the department no later than 90 days following the end of the facility's fiscal year.

(8) Delivery of reports shall not be construed to mean acceptance of those reports. The department reserves the right to reject reports as incomplete, inadequate, or unacceptable.

5. Performance Specifications

a. Performance Measures

(1) The provider shall meet the performance standards and required outcomes specified in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs**.

(2) The provider agrees that SAMHIS will be the source for all data used to determine compliance with treatment related performance standards and outcomes in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs**. The provider shall submit all service related data for clients funded, in whole or in part, by SAMH funds, local match, or Medicaid.

(3) The provider agrees that PBPS will be the source for all data used to determine compliance with substance abuse prevention related performance standards and outcomes in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs**. The provider shall submit all service related data for clients funded, in whole or in part, by SAMH funds.

(4) The provider's Prevention Program Coordinator and any other personnel responsible for directly entering data into the Prevention data system shall register for data entry training on PBPS and complete online or face-to-face training within thirty (30) days of hire, and annually thereafter. The provider shall maintain the certificate of attendance for all participants for all trainings. This does not apply to providers who have their own data system and upload data to PBPS.

(5) In addition to the performance standards and required outcomes specified in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs**, the provider shall meet requirements set forth in **Exhibit L, Community Prevention**.

(6) The provider shall evaluate co-occurring disorder service capabilities within their agency and their clinical staff. Prevalence data shall be collected using the Substance Abuse and Mental Health Information System (SAMHIS). The provider shall include the number of co-occurring individuals from the previous fiscal year in their annual action plans. Specifically, prevalence data will be collected via the Substance Abuse Outcomes Admission, Mental Health Outcomes Admission, and Detoxification Outcome forms found in SAMHIS.

b. Performance Measurement Terms

DCF PAM 155-2 provides the definitions of the data elements used for various performance measures which are quantitative indicators, outcomes, and outputs used by the department to objectively measure a provider's performance; and contains policies and procedures for submitting the required data into the department's data system. KIT Solutions maintains the procedures for submitting the required prevention data into PBPS.

c. Performance Evaluation Methodology

(1) Providers shall collect information and submit performance data and individual client outcomes, to the department's data system in compliance with DCF PAM 155-2 requirements. The specific methodologies for each performance measure may be found at the following website: <http://dcfdashboard.dcf.state.fl.us>.

(2) The provider shall have the capability to engage in organized performance improvement activities, and to be able to participate in partnership with the department in performance improvement projects that are related to system wide transformation and improvement of services for individuals and families.

(3) By execution of this contract the provider hereby acknowledges and agrees that its performance under the contract must meet the standards set forth above and will be bound by the conditions set forth in this contract. If the provider fails to meet these standards, the department, at its exclusive option, may allow a reasonable period, not to exceed six (6) months, for the provider to correct performance deficiencies. If performance deficiencies are not resolved to the satisfaction of the department within the prescribed time, and if no extenuating circumstances can be documented by the provider to the department's satisfaction, the department must terminate the contract. The department has the sole authority to determine whether there are extenuating or mitigating circumstances.

(4) The department's contract manager will monitor the standards and outcomes specified in **Exhibit D, Substance Abuse and Mental Health**

Required Performance Outcomes and Outputs, and in Exhibit L Community Prevention during the contract period, to determine if the provider is achieving the levels that are specified.

(5) Performance data information may be found on the department's web-based performance Dashboard at: <http://dcfdashboard.dcf.state.fl.us/>. Additional prevention data information may be found on the Exhibit D Report which is transmitted to the substance abuse prevention contract manager monthly.

6. Provider Responsibilities

a. Provider Unique Activities

(1) The provider shall ensure that the invoices submitted to the department reconcile with the amount of funding and services specified in this contract, as well as the provider's agency audit report and client information system.

(2) The provider shall provide services in accordance with the current Substance Abuse and Mental Health Funding Detail which is herein incorporated by reference, and shall be provided by the department's contract manager.

(3) The provider shall comply with all other applicable federal laws, state statutes and associated administrative rules as may be promulgated or amended. See **Exhibit F, Minimum Service Requirements**.

(4) Pursuant to s. 402.73, F.S., the provider shall maintain data on the performance standards specified in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs**, for the types of services provided under this contract and maintain data specified in **Exhibit L, Community Prevention** for the types of prevention strategies under this contract. The provider shall submit such data to the department upon request. Data submission requirements can be found in DCF PAM 155-2.

(5) A provider that receives federal block grant funds from the Substance Abuse Prevention and Treatment or Community Mental Health Block Grants agrees to comply with Subparts I and II of Part B of Title XIX of the Public Health Service Act, s. 42 U.S.C. 300x-21 et seq. (as approved September 22, 2000) and the Health and Human Services (HHS) Block Grant regulations (45 CFR Part 96).

(6) A provider that receives funding from the SAPTBG certifies compliance with all of the requirements of the Substance Abuse and Mental Health

Services Administration (SAMHSA) Charitable Choice provisions and the implementing regulations of 42 CFR54a.

(7) The provider shall be engaged in performance improvement activities to improve its ability to recognize accurate prevalence of co-occurring disorders in its data system.

(8) If required by 45 CFR Parts 160, 162, or 164; the following provisions shall apply [45 CFR 164.504(e)(2)(ii)]:

(a) The provider hereby agrees not to use or disclose protected health information (PHI) except as permitted or required by this contract, state or federal law.

(b) The provider agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this contract or applicable law.

(c) The provider agrees to report to the department any use or disclosure of the information not provided for by this contract or applicable law.

(d) The provider hereby assures the department that if any PHI received from the department, or received by the provider on the department's behalf, is furnished to provider's subcontractors or agents in the performance of tasks required by this contract, that those subcontractors or agents must first have agreed to the same restrictions and conditions that apply to the provider with respect to such information.

(e) The provider agrees to make PHI available in accordance with 45 C.F.R. 164.524.

(f) The provider agrees to make PHI available for amendment and to incorporate any amendments to PHI in accordance with 45 C.F.R. 164.526.

(g) The provider agrees to make available the information required to provide an accounting of disclosures in accordance with 45 C.F.R. 164.528.

(h) The provider agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from the department or created or received by the provider on behalf of the department available for purposes of determining the provider's compliance with these assurances.

(i) The provider agrees that at the termination of this contract, if feasible

and where not inconsistent with other provisions of this contract concerning record retention, it will return or destroy all PHI received from the department or received by the provider on behalf of the department that the provider still maintains regardless of form. If not feasible, the protections of this contract are hereby extended to that PHI which may then be used only for such purposes as make the return or destruction infeasible.

(j) A violation or breach of any of these assurances shall constitute a material breach of this contract.

(9) Upon request from the department's contract manager, the provider shall furnish supporting documentation and make available source documentation of units billed to the department.

(10) Providers serving clients under the Temporary Assistance to Needy Families Program (TANF) shall comply with the TANF Guidelines which are herein incorporated by reference and may be obtained from the contract manager, or can be found at: <http://www.dcf.state.fl.us/programs/samh/contract/tanf.pdf>.

(11) The provider agrees to comply with **Exhibit J, Missing Children** for all contracts which involve services for children where the care of the child is assigned to the department or provider.

(12) Client Trust Fund

(a) All providers shall submit a letter to the contract manager certifying that they either are or are not the representative payee for Supplemental Security Income, Social Security Administration, Veterans Administration, or other federal benefits on behalf of a client within thirty (30) days of contract/amendment execution or by July 15th of each fiscal year.

(b) If the provider is the representative payee for Supplemental Security Income, Social Security Administration, Veterans Administration, or other federal benefits on behalf of the client, the provider shall comply with the applicable federal laws including the establishment and management of individual client trust accounts (20 CFR 416 and 31 CFR 240).

(c) Any provider assuming responsibility for administration of the personal property and/or funds of clients shall follow the department's Accounting Procedures Manual 7 APM, 6, Volume 7, incorporated herein by reference. Department personnel or their designees upon request may review all records relating to this section. Any shortages of client funds that are attributable to the provider shall be repaid, plus applicable interest, within one (1) week of the determination.

(d) All reports specified in the department's Accounting Procedures Manual 7 APM, 6, Volume 7 shall be maintained onsite and available for review by department staff, and shall be submitted to the department upon request.

(e) The provider shall also maintain and submit documentation of all payment/fees received on behalf of SAMH clients receiving Supplemental Security Income, Social Security Administration, Veterans Administration, or other federal benefits upon request from the department.

b. Coordination with other Providers/Entities

(1) The provider agrees to coordinate services with other providers and state entities rendering services to children, adults, and families as the need is identified by either the department or the provider.

(2) The failure of other providers or entities does not relieve the provider of any accountability for tasks or services that the provider is obligated to perform pursuant to this contract.

c. Minimum Service Requirements

See Exhibit F, Minimum Service Requirements

7. Department Responsibilities

a. Department Obligations

(1) Upon written request to the department's contract manager and when deemed necessary by the department, the department agrees to provide technical assistance concerning the terms and conditions of this contract.

b. Department Determinations

The department has exclusive authority to make the following determination(s) and to set the procedures that the provider shall follow in obtaining the required determination(s):

There are no specific department determinations other than those prescribed elsewhere in this contract.

c. Monitoring Requirements

(1) The provider shall be monitored in accordance with s. 394.741, F.S., and with Children and Families Operating Procedure 75-8 (CFOP 75-8), Contract Monitoring Operating Procedures which can be found at:

<http://www.dcf.state.fl.us/admin/publications/policies/075-8.pdf>, and is incorporated herein by reference.

(2) The provider shall be monitored on its performance of all tasks and special provisions of the contract.

C. Method of Payment

Exhibit B, Method of Payment

Exhibit E-1 Substance Abuse and Mental Health Services Monthly Request for Non-TANF Payment /Advance

Exhibit E-2, Substance Abuse and Mental Health Services Monthly Request for TANF Payment /Advance

Exhibit G, State Funding by Program and Activity

D. Special Provisions

Renewals

This contract may be renewed for a period not to exceed three (3) years or the term of the original contract, whichever period is longer. Such renewal shall be made by mutual agreement and shall be contingent upon satisfactory performance evaluations as determined by the department and shall be subject to the availability of funds. Any renewal shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract including any amendments.

1. Service Provision Requirements for Substance Abuse Prevention and Treatment Block Grants

a. The provider agrees to comply with the data submission requirements outlined in DCF PAM 155-2 and with the funding restrictions outlined in "SAMH OCA's And Funding Restrictions" which can be found at:

<http://www.dcf.state.fl.us/programs/samh/contractingMore.shtml> and which are incorporated herein by reference.

b. The provider agrees to comply with applicable data submission requirements outlined in **Exhibit C, Required Reports**. This exhibit lists required annual reports for SAPTBG set-aside funded pregnant women and women with dependent children services, SAPTBG set-aside funded HIV Early Intervention Programs, and the SAPTBG for Evidenced-based Outreach Services to Injection Drug Users.

c. The provider shall make available, either directly or by arrangement with others, tuberculosis services to include counseling, testing, and referral for evaluation and treatment.

d. The provider shall use SAPTBG funds provided under this contract to support both substance abuse treatment services and appropriate co-occurring disorder treatment services for individuals with a co-occurring mental disorder only if the funds allocated are used to support substance abuse prevention and treatment services and are tracked to the specific substance abuse activity as listed in **Exhibit G for HC02, State Funding by Program and Activity.**

e. The provider is required to participate in the peer-based fidelity assessment process to assess the quality, appropriateness, and efficacy of treatment services provided to individuals under this contract pursuant to 45 CFR 96.136.

2. Client Satisfaction Survey

The provider shall conduct client satisfaction surveys pursuant to DCF PAM 155-2.

3. Incident Reports

a. The provider shall report to the department, in writing, information related to client risk prevention and incidents as defined in Children and Families Operating Procedures CFOP 215-6 (CFOP 215-6) Incident Reporting and Client Risk Prevention. See **Exhibit I, Incident Reporting and Client Risk Prevention.**

b. All providers (inpatient and outpatient) will report seclusion and restraint events in accordance with 65E-5.180(7)(g) F.A.C.

4. National Provider Identifier (NPI)

a. All providers shall obtain and use an NPI, a HIPAA standard unique health identifier for health care providers.

b. An application for an NPI may be submitted online at <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>.

c. Additional information can be obtained from one of the following websites:

(1) The Florida Medicaid HIPAA located at:
<http://www.fdhc.state.fl.us/hipaa/index.shtml>

(2) The National Plan and Provider Enumeration System (NPPES) located at:
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

(3) The CMS NPI located at:
<http://www.cms.hhs.gov/NationalProviderStand/>

5. Dispute Resolution

a. The parties agree to cooperate in resolving any differences in interpreting the contract. Within five (5) working days of the execution of this contract, each party shall designate one (1) person to act as its representative for dispute resolution purposes and shall notify the other party of the person's name and business address and telephone number. Within five (5) working days from delivery to the designated representative of the other party of a written request for dispute resolution, the representatives will conduct a face-to-face meeting to resolve the disagreement amicably. If the representatives are unable to reach a mutually satisfactory resolution, either representative may request referral of the issue to the Executive Director and the Program Supervisor of the respective parties. Upon referral to this second step, the Executive Director and the Program Supervisor will confer in an attempt to resolve the issue.

b. If the Program Supervisor and Executive Director are unable to resolve the issue within ten (10) working days, the parties' appointed representatives will meet within ten (10) working days and select a third representative. These three (3) representatives will meet within ten (10) working days to seek resolution of the dispute. If the representatives' good faith efforts to resolve the dispute fail, the representatives will make written recommendations to the department's Secretary who will work with both parties to resolve the dispute. The parties reserve all their rights and remedies under Florida law. Venue for any court action will be in Leon County, Florida.

6. Medicaid Enrollment

a. Those providers with SAMH contracts in excess of \$500,000 annually and rendering substance abuse services shall enroll as a Medicaid provider. This process shall be initiated within ninety (90) days of contract execution. A waiver of the ninety (90) day requirement may be granted, in writing, by the department's Director of Substance Abuse.

b. All providers whose contracts are \$500,000 or more annually, and enrolled as a Medicaid provider shall participate and ensure its subcontracted Medicaid providers whose contracts are \$500,000 or more annually participate in department sponsored training, conduct required sampling, and conduct quality assurance and administrative activities necessary to recover federal matching funds on behalf of the department, as part of the Community Based Medicaid Administrative Claiming (CBMAC) program. The CBMAC program allows participating providers to claim reimbursement for administrative activities performed while providing eligible Federal Medicaid Title XIX services.

c. Participation in the CBMAC program by Substance Abuse and Mental Health providers who are enrolled as Medicaid providers with contract amounts less

than \$500,000 annually, and who have the technological capability to participate electronically is optional.

7. Indigent Drug Program

a. The provider shall ensure that all funds allocated for use of purchasing psychotropic medications, or medications used to treat addictions, or medications accessed through line of credit from the Indigent Drug Program (IDP) are used for individuals who meet any of the following criteria:

(1) Have an annual income that is at or below 150% of the Federal Poverty Income Guidelines, as published annually in the Federal Register.

(2) Have no liable third-party insurance or other source of psychotropic medications available, nor is the individual a participant in a program where psychotropic medications are paid for by any other funding source.

(3) If the individual has third party insurance for psychotropic medications but has temporarily been denied benefits for these medications, they may receive IDP medications until such time as eligibility has been reestablished.

b. The provider shall actively participate in manufacturer's patient assistance programs for medications needed by a significant portion of clients served by the provider.

c. The provider shall participate in any regional training events made available by the department. The provider shall also participate in any training events made available by the Florida Louis DeLa Parte Florida Mental Health Institute of the University of South Florida's Medicaid Drug Therapy Management System Program for Behavioral Health which is posted on the following website: <http://flmedicaidbh.fmhi.usf.edu/>.

d. The provider shall for purposes of auditing and/or monitoring, retain and make available upon request a copy of the license and the permit issued in accordance with the requirements specified in s. 499.012(1)(d), F.S.

8. Mandatory Reporting Requirements

a. The provider and any subcontractor must comply with and inform its employees of the following mandatory reporting requirements. Each employee of the provider, and of any subcontractor, providing services in connection with this contract who has any knowledge of a reportable incident shall report such incident as follows:

(1) Reportable incidents that may involve an immediate or impending impact

on the health or safety of a client shall be immediately reported to the contract manager; and

(2) Other reportable incidents shall be reported to the department's Office of Inspector General by completing a Notification/Investigation Request (form CF 1934) and emailing the request to the Office of Inspector General at ig_complaints@dcf.state.fl.us. The provider and subcontractor may also mail the completed form to the Office of Inspector General, 1317 Winewood Boulevard, Building 5, 2nd Floor, Tallahassee, Florida, 32399-0700; or via fax at (850) 488-1428.

b. A reportable incident is defined in Children and Families Operating Procedures CFOP 180-4 (CFOP 180-4) Mandatory Reporting Requirements to The Office of the The Inspector General, which can be obtained from the contract manager.

9. Supplemental Security Income/Social Security Disability Insurance [SSI/SSDI], Outreach, Access and Recovery (SOAR)

The provider may participate in the SOAR technical assistance initiative. This strategy helps States and communities increase access to SSI and SSDI for people through training, technical assistance and strategic planning. It utilizes the Substance Abuse and Mental Health Services Administration's (SAMHSA) "Stepping Stones to Recovery" training curriculum. The success factors include approval rates of 65-95% on initial Social Security Administration (SSA) applications.

11. Substance Abuse Family Intervention Specialist Service

The provider agrees to comply with the provisions of Exhibit N, Substance Abuse Family Intervention Services, and the Revised Family Intervention Guidelines, if the services of Family Intervention Specialists are being provided under this contract.

12. Managing Entity

a. The Department is currently reviewing options for the continued delivery of Substance Abuse and Mental Health services in the sixteen (16) counties that comprise the Department's Central Region. In the event the Department determines it is in the best interest of the Department and the clients it serves to procure the services of a Managing Entity, either through a competitive procurement process, or by regulated exemption, pursuant to Section 394.9082, F.S., the Department intends to transfer the administration, management, support and oversight of substance abuse and mental health services to the selected agency.

b. Once a selection is made, the Department further intends to transfer all contract management responsibilities for client services provided through this contract to the selected Managing Entity.

c. Therefore, the Department and Provider mutually agree to an early termination of this contract, or the assignment of this contract to the new Managing Entity. In the event that early termination is determined most appropriate, the termination date will be predicated on the prior execution of a new client services contract with the selected Managing Entity.

d. The Department will not be responsible for payment of services rendered after the termination of this contract. In the event that the Provider receives duplicate payments due to overlap of services or for other unanticipated reasons, upon receipt of such payment, the Provider will immediately return these funds to the Department.

E. The following exhibits, or the latest revisions thereof, are incorporated in and made a part of the contract.

1. **Exhibit A, Clients to be Served**
2. **Exhibit B, Method of Payment**
3. **Exhibit C, Required Reports**
4. **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes and Outputs**
5. **Exhibit E, Substance Abuse and Mental Health Monthly Request for Non-TANF Payment/Advance**
Exhibit E, Substance Abuse and Mental Health Monthly Request for TANF Payment/Advance
6. **Exhibit F, Minimum Service Requirements,**
7. **Exhibit G, State Funding by Program and Activity**
8. **Exhibit H, Reserved**
9. **Exhibit I, Incident Reporting and Client Risk Prevention**
10. **Exhibit J, Missing Children**
11. **Exhibit K, Forensic Mental Health Services**
12. **Exhibit L, Community Prevention**
13. **Exhibit M, Assisted Living Facilities With A Limited Mental Health License**

ATTACHMENT II

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised, the department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by department staff, limited scope audits as defined by OMB Circular A-133, as revised, or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the department. In the event the department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the department's inspector general, the state's Chief Financial Officer or the Auditor General.

AUDITS

PART I: FEDERAL REQUIREMENTS

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

In the event the recipient expends \$500,000 or more in Federal awards during its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$500,000 in Federal awards during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the Federal awards expended during its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families, Federal government (direct), other state agencies, and other non-state entities. The determination of amounts of Federal awards expended should be in accordance with guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the department shall be fully disclosed in the audit report package with reference to the specific contract number.

Single Audit Information for Recipients of Recovery Act Funds:

(a) To maximize the transparency and accountability of funds authorized under the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5) (Recovery Act) as required by Congress and in accordance with 2 CFR 215.21 "Uniform Administrative Requirements for Grants and Agreements" and OMB Circular A-102 Common Rules provisions, recipients agree to maintain records that identify adequately the source and application of Recovery Act funds. OMB Circular A-102 is available at <http://www.whitehouse.gov/omb/circulars/a102/a102.html>.

(b) For recipients covered by the Single Audit Act Amendments of 1996 and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," recipients agree to separately identify the expenditures for Federal awards under the Recovery Act on the Schedule of Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by OMB Circular A-133. OMB Circular A-133 is available at <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. This shall be accomplished by identifying expenditures for Federal awards made under the Recovery Act separately on the SEFA, and as separate rows under Item 9 of Part III on the SF-SAC by CFDA number, and inclusion of the prefix "ARRA-" in identifying the name of the Federal program on the SEFA and as the first characters in Item 9d of Part III on the SF-SAC.

(c) Recipients agree to separately identify to each subrecipient, and document at the time of subaward and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of Recovery Act funds. When a recipient awards Recovery Act funds for an existing program, the information furnished to subrecipients shall distinguish the subawards of incremental Recovery Act funds from regular subawards under the existing program.

(d) Recipients agree to require their subrecipients to include on their SEFA information to specifically identify Recovery Act funding similar to the requirements for the recipient SEFA described above. This information is needed to allow the recipient to properly monitor subrecipient expenditure of ARRA funds as well as oversight by the Federal awarding agencies, Offices of Inspector General and the Government Accountability Office.

PART II: STATE REQUIREMENTS

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

In the event the recipient expends \$500,000 or more in state financial assistance during its fiscal year, the recipient must have a State single or project-specific audit conducted in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$500,000 in State financial assistance during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the state financial assistance expended during its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART III: REPORT SUBMISSION

Any reports, management letters, or other information required to be submitted to the department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

A. Contract manager for this contract (2 copies)

Lynda M. Glick
1601 W. Gulf Atlantic Highway
Wildwood, FL 34785

Email address: Lynda_glick@dcf.state.fl.us

B. Department of Children & Families (1 electronic copy and management letter, if issued)

Office of the Inspector General
Single Audit Unit
Building 5, Room 237
1317 Winewood Boulevard
Tallahassee, FL 32399-0700

Email address: single_audit@dcf.state.fl.us

C. Reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by Part I of this agreement shall be submitted, when required by Section .320(d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System at:

<http://harvester.census.gov/fac/collect/ddeindex.html>

and other Federal agencies and pass-through entities in accordance with Sections .320(e) and (f), OMB Circular A-133, as revised.

D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient directly to the following address:

Auditor General
Local Government Audits/342
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450

Email address: flaudgen_localgovt@aud.state.fl.us

Providers, when submitting audit report packages to the department for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the department in accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

PART IV: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the department.

CERTIFICATION REGARDING LOBBYING

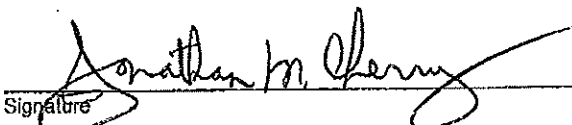
CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.


Signature

Jonathan M. Cherry
Name of Authorized Individual

6/21/2011
Date

PH204
Application or Contract Number

LifeStream Behavioral Center, Inc.
Name of Organization

515 W. Main Street Leesburg, FL 34748
Address of Organization

**EXHIBIT A
CLIENTS / PARTICIPANTS
TO BE SERVED**

Client Non-specific
Performance Contract
SAMH Services Program

A. General Description

The provider shall furnish services funded by this contract to the target population(s) checked below:

Non-Prevention		Prevention	
<input checked="" type="checkbox"/>	Adult Mental Health-Forensic Involvement	<input checked="" type="checkbox"/>	Adult Substance Abuse
<input checked="" type="checkbox"/>	Adult Mental Health-Severe & Persistent Mental Illness	<input type="checkbox"/>	Children's Substance Abuse
<input checked="" type="checkbox"/>	Adult Mental Health-Serious & Acute Episodes of Mental Illness	<input checked="" type="checkbox"/>	Community Prevention-Adult and/or Children SA
<input checked="" type="checkbox"/>	Adult Mental Health-Mental Health Problems		
<input checked="" type="checkbox"/>	Children's Mental Health-Emotional Disturbances		
<input type="checkbox"/>	Children's Mental Health-At Risk of Emotional Disturbances		
<input checked="" type="checkbox"/>	Children's Mental Health-Serious Emotional Disturbances		
<input checked="" type="checkbox"/>	Adult Substance Abuse		
<input checked="" type="checkbox"/>	Children's Substance Abuse		

B. Client/Participant Eligibility

(1) The provider agrees that all persons meeting the target population descriptions in the table above are eligible for services based on the availability of resources. A detailed description of each target population is contained in s. 394.674, Florida Statutes.

(2) Crisis stabilization, substance abuse detoxification, and addiction receiving facility services shall be provided to all persons meeting the criteria for admission subject to the availability of beds and/or funds.

C. Client/Participant Determination

(1) Determination of client eligibility is exclusively the responsibility of the provider.

(2) Participant eligibility (Direct Prevention) and target population eligibility (Community Prevention) shall also be based upon the community action plan or on the relevant epidemiology data.

**EXHIBIT A
CLIENTS / PARTICIPANTS
TO BE SERVED**

Client Non-specific
Performance Contract
SAMH Services Program

D. Contract Limits

(1) The provider is not authorized to bill the department for more units than are specified in **Exhibit G, State Funding by Program and Activity**, or for more units than can be purchased with the amount of funds specified in **Exhibit G, State Funding by Program and Activity**.

(2) The provider agrees that funds provided in this contract will not be used to serve persons outside the target population(s) specified in the paragraph above. NOTE: Prevention funds allocated to underage drinking programs and activities targeting eighteen (18) to twenty (20) year old individuals may be taken from Adult Substance Abuse Prevention funds.

(3) Services provided under this contract are limited by the availability of funds. The provider may not authorize or incur indebtedness on behalf of the department.

Method of Payment**1. Payment Clauses**

a. This is a fixed price (unit cost) contract. The department shall pay the provider for the delivery of service units provided in accordance with the terms and conditions of this contract for a total dollar amount not to exceed \$6,707,646.00 for fiscal year 2011-2012, \$6,707,646.00 for fiscal year 2012-2013, and \$6,707,646.00 for fiscal year 2013-2014, subject to the availability of funds. The unit prices are listed on **Exhibit G, State Funding by Program and Activity**.

b. Aftercare, Intervention, Outpatient, Comprehensive Community Service Teams (Mental Health), and Recovery Support Services (Substance Abuse) are eligible for special group rates. Group services shall be billed on the basis of a contact hour, at 25% of the contract's established rate for the individual services for the same cost center. Excluding Outpatient, total hourly reimbursement for group services shall not exceed the charges for ten individuals per group. Group size limitations outlined in the current Medicaid Handbook apply to Outpatient group services funded under this contract.

c. Pursuant to s. 394.76(3), Florida Statutes (F.S.), the provider agrees to provide local matching funds in the amount of \$1,625,010.00 for fiscal year 2011-2012, \$1,625,010.00 for fiscal year 2012-2013, and \$1,625,010.00 for fiscal year 2013-2014.

d. In accordance with the provisions of s. 402.73(7), F.S., and Rule 65-29.001, Florida Administrative Code (F.A.C.), corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

e. This contract is for multiple years. Rates may be adjusted up to 5%, not to exceed the average annual percentage changes in the Medical Care Consumer Price Index, for **three** fiscal years within the availability of annual appropriations and in accordance with Rule 65E-14.021(9)(a)1., F.A.C. The Medical Care Consumer Price Index may be found at the following web site: <http://www.bls.gov/cpi/cpiovrwv.htm>

f. This contract is funded by the following FY 2011-2012 Appropriation Line Items: 315, 316 317 322 324 327 334 335.

2. MyFloridaMarketPlace Transaction Fee

This contract/item is exempt from the MyFloridaMarketPlace Transaction Fee in accordance with Rule 60A-1.032(1)(d), F.A.C.

4. Additional Release of Funds

At its sole discretion, the department may approve the release of more than the monthly prorated amount when the provider submits a written request justifying the release of

additional funds, if funds are available and services have been provided.

5. Medicaid Billing

- a. The department and the provider specifically agree and acknowledge that when services are covered under the Florida Medicaid program for Medicaid recipients and the recipient has other third party coverage, services shall be billed to the third party and not Medicaid or the department;
- b. However, when services are covered under the Florida Medicaid program for Medicaid recipients and the recipient does not have other third party coverage, the department shall not be considered a liable third party for Mental Health and Substance Abuse Program payments funded through the department. Services shall then be billed to Medicaid and not the department;
- c. Authorized provider services may only be billed to the department if services are provided to non-Medicaid recipients, and/or for non-Medicaid covered services, and no other non-Medicaid first or third party payors are available;
- d. In no event shall the provider bill the Medicaid program for services or expenses for Medicaid recipients for which the provider has already been paid by any other liable third party payor;
- e. The provider shall identify and report Medicaid earnings separate from all other fees;
- f. Medicaid earnings cannot be used as local match;
- g. The provider shall ensure that Medicaid payments are accounted for in compliance with federal regulations;
- h. In no event shall both Medicaid and the department be billed for the same service;
- i. The provider operating a facility licensed as a crisis stabilization unit, detoxification facility, short-term residential treatment facility, residential treatment facility Levels 1 or 2, or therapeutic group home that is greater than 16 beds is not permitted to bill or knowingly access Medicaid Fee-For-Service programs for any services for recipients while in these facilities;
- j. The provider operating a children's residential treatment center of greater than 16 beds is not permitted to bill or knowingly access Medicaid Fee-For-Service programs for any services for recipients in these facilities except as permitted under the Medicaid State Inpatient Psychiatric Program Waiver;
- k. The provider agrees to assist clients who need assistance and who may be eligible for Medicaid to make application including assistance with medical documentation required in the disability determination process; and
- l. The provider agrees to assist Medicaid recipients covered by a Medicaid capitated entity who need and request assistance to obtain covered mental health services

that the treating provider considers to be medically necessary. This assistance shall include assisting clients in appealing a denial of services.

6. Payments from Medicaid Health Maintenance Organizations, Prepaid Mental Health Plans, or Provider Services Networks.

Unless waived in Section D (Special Provisions) of this contract, the provider agrees that payments from a health maintenance organization, prepaid mental health plan, or provider services network will be considered to be "third party payer" contractual fees as defined in Rule 65E-14.001(2)(z), F.A.C. Services which are covered by the subcapitated contracts and provided to persons covered by these contracts must not be billed to the department.

7. Temporary Assistance to Needy Families (TANF) Billing

a. The provider's attention is directed to its obligations under applicable parts of Part A or Title IV of the Social Security Act and the provider agrees that TANF funds shall be expended for TANF participants as outlined in the Temporary Assistance to Needy Families (TANF) Guidelines. TANF Guidelines can be obtained from the contract manager, or can be found at the following web site: <http://www.dcf.state.fl.us/programs/samh/contract/tanf.pdf>

b. The contract shall specify the unit cost rate for each cost center contracted for TANF funding, which shall be the same rate as for non-TANF funding, but the contract shall not specify the number of TANF units or the amount of TANF funding for individual cost centers.

8. Invoice Requirements

a. The provider shall request payment monthly through submission of a properly completed invoice, **Exhibit E-1, Substance Abuse and Mental Health Monthly Request for Non-TANF Payment/Advance** and **Exhibit E-2, Substance Abuse and Mental Health Monthly Request for TANF Payment/Advance** within thirty (30) days following the end of the month for which payment is being requested for the delivery of service.

b. The provider's final invoice must reconcile actual service units provided during the contract period with the amount paid by the department. The provider shall submit their fiscal year final invoice to the department within 15 days after the end of each state fiscal year in the contract period.

c. The total number of monthly service units paid under this contract cannot exceed the total amount of funding as specified on **Exhibit G, State Funding by Program and Activity**.

d. Pursuant to 65E-14.021(10)(b)6.b., F.A.C., the year-to-date number of units of service reported on a request for payment or any associated worksheet shall not exceed the total number of units reported and accepted in the department's data system pursuant to Rule 65E-14.022, F.A.C.

e. Pursuant to 65E-14.021(10)(a)2., F.A.C., any costs or service units paid for under any other contract or from any other source are not eligible for payment. The provider must subtract all units which are billable to Medicaid, and all units for SAMH client services paid from other sources, including Social Security, Medicare payments, and funds eligible for local matching which include patient fees from first, second, and third-party payers, from each monthly request for payment. For services provided based on bed-day availability, the provider must report any payments received from all other sources on the "Schedule of Bed-Day Availability" at the end of the fiscal year and refund any overpayment.

f. If no services are due to be invoiced from the preceding month, the provider shall submit a written document to the department indicating this information within thirty (30) days following the end of the month

9. Supporting Documentation

The provider agrees to maintain service documentation for each service billed to the department pursuant to this contract. *Proper service documentation for each SAMH cost center is outlined in Rule 65E-14.021(7), F.A.C.*

a. The provider shall maintain documentation to support all units billed to the department and units subtracted for SAMH client services on each monthly request for payment.

b. The department and the State's Chief Financial Officer reserve the right to request supporting documentation at any time after actual units have been delivered.

07/01/2011

EXHIBIT C REQUIRED REPORTS

Performance Contract
SAMH Services Program

Provider Name: LifeStream Behavioral Center, Inc. Contract No. PH204 Date 07/01/2011 Amendment No: 0

Reports Required For All Providers:	Due Date:	# of Copies:	Send to:
Response to Monitoring Reports and Corrective Action Plans	Within 30 days	1	Contract Manager
Sliding Fee Scale [reflecting the uniform schedule of discounts referenced in Rule 65E-14.018(4)], Florida Administrative Code	Within 30 days after the beginning of each fiscal year	1	Contract Manager
Agency Service Capacity Report, Projected Cost Center Operating and Capital Budget, Cost Center Personnel Detail Report (If applicable)			
FY 2011-2012 Final July 30, 2011 Draft May 1, 2011	Within 30 days after contract execution or upon request of the contract manager	1	Contract Manager
Agency Service Capacity Report, Projected Cost Center Operating and Capital Budget, Cost Center Personnel Detail Report (If applicable)			
FY 2012-2013 Final July 30, 2012 Draft May 1, 2012	Within 30 days after contract execution or upon request of the contract manager	1	Contract Manager
Agency Service Capacity Report, Projected Cost Center Operating and Capital Budget, Cost Center Personnel Detail Report (If applicable)			
FY 2013-2014 Final July 30, 2013 Draft May 1, 2013	Within 30 days after contract execution or upon request of the contract manager	1	Contract Manager
Program Description			
FY 2011-2012 Final July 30, 2011 Draft May 1, 2011	Within 30 days after contract execution or upon request by the contract manager	1	Contract Manager
Program Description			
FY 2012-2013 Final July 30, 2012 Draft May 1, 2012	Within 30 days after contract execution or upon request by the contract manager	1	Contract Manager
Program Description			
FY 2013-2014 Final July 30, 2013 Draft May 1, 2013	Within 30 days after contract execution or upon request by the contract manager	1	Contract Manager
Monthly Data Required by CFP 155-2	Within 15 days after end of month	Electronic Submission	SAMHIS and PBPS
Incident Report	Within 24 hours of occurrence	1	Circuit 5 SAMH Program Specialist

EXHIBIT C REQUIRED REPORTS

Performance Contract
SAMH Services Program

Audit Schedules (for client non-specific unit cost performance contracts)			
Schedule of State Earnings Schedule of related Party Transaction Adjustments Program/Cost Center Actual Expenses & Revenues Schedule Schedule of Bed-Day Availability Payments	Based upon the requirement for an annual audit or 45 days after the end of the contract period	1 to Circuit 1 to Headquarters <i>*As directed in the Audit Attachment of the contract</i>	Circuit Contract Manager Central SAMH Office
Reports Required for Substance Abuse Providers	Due Date:	# of Copies:	Send to:
Prevention - Program Evaluation Instrument Level 1 <i>*Completed last day of Program</i> Prevention - Program Evaluation Instrument Level 2	Within 5 business days	No copies to circuits. Provider keeps copy & sends original to KIT Solutions	KIT Solutions
Prevention - Invoice Support Report	Submitted with monthly invoice	1	Contract Manager
Annual Report for HIV Early Intervention Services, SAPT Block Grant Set Aside Funded Services Only	Upon Request from the department	1 to Circuit 1 to Headquarters	Circuit Contract Manager Substance Abuse Program Office
Annual Report for Evidenced-based Injection Drug User Outreach Services, SAPT Block Grant Mandate, Designated Providers Only	Upon Request from the department	1 to Circuit 1 to Headquarters	Circuit Contract Manager Substance Abuse Program Office
Annual Report for Pregnant Women and Women With Dependent Children SAPT Block Grant Set Aside Funded Services Only	Upon Request from the department	1 to Circuit 1 to Headquarters	Circuit Contract Manager Substance Abuse Program Office
Co-Occurring Action Plan	October 1 of each contract year	1 to Circuit 1 to Headquarters	Circuit Contract Manager Substance Abuse Program Office
Co-Occurring Disorder Service Capability Summary Report	June 30 of each contract year	1 to Circuit 1 to Headquarters	Circuit Contract Manager Substance Abuse Program Office
Other Reports			
TANF SAMH Program Logs and Service Data	15 th of each month	1	Contract Manager
Invoice Review Supporting Documentation	As requested by the contract manager	1	Contract Manager
Aggregate Payor Class Report	No later than 90 days following the end of the facility's fiscal year	1 Electronic	http://flfam.qualtrics.com/SE/?SID=SV_b2yQo7Sa2YbnbHS
Client Trust Fund (Documentation must be maintained to show any fees collected from other sources for cost of care of SAMH clients.) * Accounting Procedures Manual 7 APM, 6, Volume 7 Required Reports **Representative Payee Determination/Certification Letter	*Upon Request from the department **Within 30 days after contract execution/amendment or by July 15 of each contract year.	1	Contract Manager
Auxiliary Aid Service Record	5th business day of the month	1	Contract Manager

07/01/2011

**EXHIBIT C
REQUIRED REPORTS**

Performance Contract
SAMH Services Program

Circuit Required Reports			
Emergency Preparedness Plan	Within 30 days after contract execution	1	Contract Manager
Forensics Census	By the 15 th of each month	2	1 to Contract Manager, 1 to Forensics Liaison
Quarterly Conditional Release Tracker	End of each quarter	2	1 to Contract Manager, 1 to Forensics Liaison

Exhibit D

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

Fiscal Year 2011-2012

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0

I. Mental Health Contracted Services

A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)

**Minimum
Numbers to
be Served**

*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

1. Adult Mental Health

- a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)
- b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)
- c. Adults with Mental Health Problems (M05302)/(MH5302)
- d. Adults with Forensic Involvement (M0018)/(MH018)

700

250

232

50

2. Children's Mental Health

- a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)
- b. Children with Emotional Disturbances (ED) (M0032)/(MH032)
- c. Children at-risk of Emotional Disturbances (M0033)/(MH033)

500

150

N/A

B. Required Performance Outcome Standards for Each Target Population

**Minimum
Contract
Standard**

*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

1. Adult Mental Health - Adults with Severe and Persistent Mental Illness

- a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/(MH742) - (Statewide Target - 93%)
- b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) - (Statewide Target - 30)

93%

30

2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems

- a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/(MH744) - (Statewide Target - 90%)

90%

3. Adult Mental Health - Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)

- a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/(MH703) - (Statewide Target - 15%)

15%

4. Adult Mental Health - Forensic Involvement

- a. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/(MH743) - (Statewide Target - 70%)

70%

5. Children's Mental Health - Seriously Emotionally Disturbed

- a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) - (Statewide Target - 95%)
- b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/(MH378) - (Statewide Target - 65%)
- c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) - (Statewide Target - 86%)

95%

65%

86%

6. Children's Mental Health - Emotionally Disturbed

- a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) - (Statewide Target - 95%)
- b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) - (Statewide Target - 64%)

95%

64%

7. Children's Mental Health - At-Risk of Emotional Disturbance

- a. Percent of children who live in stable housing environment will be at least (M0780)/(MH780) - (Statewide Target - 90%)

N/A

Exhibit D

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

Fiscal Year 2011-2012

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0

C. Required Internal Measures

1. Data Submission Outcomes for Mental Health

- a. Percent of persons receiving state-contracted mental health service event records which have matching mental health initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least (SAMHIS) (M0759)
(Target - 95%)

95%

II. Substance Abuse Contracted Services

A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)

*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

Minimum
Numbers to
be Served

1. Adults with Substance Abuse Problems

- a. Number of Adults Served (M0063)/(SA063)

1809

2. Children with Substance Abuse Problems

- a. Number of Children Served (M0052)/(SA052)

300

3. Adults At-Risk of Substance Abuse Problems- (Non GAA)

- a. Number of Adults participating in Prevention Services (M0785)/(SA785)
- b. Number of Adults participating in Level 1 Prevention Programs (M0767)/(SA767)
- c. Number of Adults participating in Level 2 Prevention Programs (M0768)/(SA768)
- d. Number of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities (M0769)/(SA769)
- e. Number of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities (M0770)/(SA770)

1,500

1,500

N/A

750

N/A

4. Children At-Risk of Substance Abuse Problems- (Non GAA)

- a. Number of children participating in Prevention Services (M0762)/(SA762)
- b. Number of children participating in Level 1 Prevention Programs (M0761)/(SA761)
- c. Number of children participating in Level 2 Prevention Programs (M0695)/(SA695)
- d. Number of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities (M0763)/(SA763)
- e. Number of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities (M0764)/(SA764)

N/A

N/A

N/A

N/A

N/A

B. Required Performance Outcome Standards for Each Target Population

*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

Minimum
Contract
Standard

1. Adults with Substance Abuse Problems

- a. Percent of adults who successfully complete substance abuse treatment services will be at least (M0755)/SA755) - (Statewide Target - 50%)
- b. Percent change in clients who are employed from admission to discharge will be at least (M0753)/(SA753) (Statewide Target - 20%)
- c. Percent of adults who live in a stable housing environment at the time of discharge will be at least (M0756)/SA756) - (Statewide Target - 80%)
- d. Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge (M0754/SA754) (Statewide Target - 35%)

50%

20%

80%

35%

2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)

- a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0771)/(SA771)
- b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0772)/(SA772)

750

N/A

Exhibit D

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

Fiscal Year 2011-2012

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0

3. Children with Substance Abuse Problems

- | | |
|---|-----|
| a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - (Statewide Target - 55%) | 55% |
| b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - (Statewide Target - 85%) | 85% |
| c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - (Statewide Target - 20%) | 20% |

4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)

- | | |
|--|-----|
| a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0765)/(SA765) | N/A |
| b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0766)/(SA766) | N/A |

5. Data Submission for Prevention Program Tool (Non GAA)

- | | |
|---|-----|
| a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. (Statewide Target 50%) | 50% |
|---|-----|

C. Required Internal Measures

1. Data Submission Outcomes for Substance Abuse

- | | |
|---|-----|
| a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least (SAMHIS) (M0758) (Target 95%) | 95% |
|---|-----|

III. Comments / Explanations

*There should be a number, or N/A inserted for each target or outcome in the sections above. *Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.

Exhibit D

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

Fiscal Year 2012-2013

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0

I. Mental Health Contracted Services

A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)

Minimum
Numbers to
be Served

*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

1. Adult Mental Health

- a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)
- b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)
- c. Adults with Mental Health Problems (M05302)/(MH5302)
- d. Adults with Forensic Involvement (M0018)/(MH018)

700

250

232

50

2. Children's Mental Health

- a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)
- b. Children with Emotional Disturbances (ED) (M0032)/(MH032)
- c. Children at-risk of Emotional Disturbances (M0033)/(MH033)

500

150

N/A

B. Required Performance Outcome Standards for Each Target Population

Minimum
Contract
Standard

*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

1. Adult Mental Health - Adults with Severe and Persistent Mental Illness

- a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/(MH742) - (Statewide Target - 93%)
- b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) - (Statewide Target - 30)

93%

30

2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems

- a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/(MH744) - (Statewide Target - 90%)

90%

3. Adult Mental Health - Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)

- a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/(MH703) - (Statewide Target - 15%)

15%

4. Adult Mental Health - Forensic Involvement

- a. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/(MH743) - (Statewide Target - 70%)

70%

5. Children's Mental Health - Seriously Emotionally Disturbed

- a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) - (Statewide Target - 95%)
- b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/(MH378) - (Statewide Target - 65%)
- c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) - (Statewide Target - 86%)

95%

65%

86%

6. Children's Mental Health - Emotionally Disturbed

- a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) - (Statewide Target - 95%)
- b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) - (Statewide Target - 64%)

95%

64%

7. Children's Mental Health - At-Risk of Emotional Disturbance

- a. Percent of children who live in stable housing environment will be at least (M0780)/(MH780) - (Statewide Target - 90%)

N/A

Exhibit D**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**

Fiscal Year 2012-2013

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0**C. Required Internal Measures****1. Data Submission Outcomes for Mental Health**

- a. Percent of persons receiving state-contracted mental health service event records which have matching mental health initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least (SAMHIS) (M0759)
(Target - 95%)

95%

II. Substance Abuse Contracted Services**A. Required Performance Output Standards for Each Target Population (Including all clients paid for by SAMH, Medicaid and Local Match)**

*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**Minimum
Numbers to
be Served****1. Adults with Substance Abuse Problems**

- a. Number of Adults Served (M0063)/(SA063)

1809

2. Children with Substance Abuse Problems

- a. Number of Children Served (M0052)/(SA052)

300

3. Adults At-Risk of Substance Abuse Problems- (Non GAA)

- a. Number of Adults participating in Prevention Services (M0785)/(SA785)
b. Number of Adults participating in Level 1 Prevention Programs (M0767)/(SA767)
c. Number of Adults participating in Level 2 Prevention Programs (M0768)/(SA768)
d. Number of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities (M0769)/(SA769)
e. Number of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities (M0770)/(SA770)

1,500

1,500

N/A

750

N/A

4. Children At-Risk of Substance Abuse Problems- (Non GAA)

- a. Number of children participating in Prevention Services (M0762)/(SA762)
b. Number of children participating in Level 1 Prevention Programs (M0761)/(SA761)
c. Number of children participating in Level 2 Prevention Programs (M0695)/(SA695)
d. Number of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities (M0763)/(SA763)
e. Number of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities (M0764)/(SA764)

N/A

N/A

N/A

N/A

N/A

B. Required Performance Outcome Standards for Each Target Population

*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**Minimum
Contract
Standard****1. Adults with Substance Abuse Problems**

- a. Percent of adults who successfully complete substance abuse treatment services will be at least (M0755)/(SA755) - (Statewide Target - 50%)
b. Percent change in clients who are employed from admission to discharge will be at least (M0753)/(SA753) (Statewide Target - 20%)
c. Percent of adults who live in a stable housing environment at the time of discharge will be at least (M0756)/(SA756) - (Statewide Target - 80%)
d. Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge (M0754)/(SA754) (Statewide Target - 35%)

50%

20%

80%

35%

2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)

- a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0771)/(SA771)
b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0772)/(SA772)

750

N/A

Exhibit D

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

Fiscal Year 2012-2013

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0

3. Children with Substance Abuse Problems

- | | |
|---|-----|
| a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - (Statewide Target - 55%) | 55% |
| b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - (Statewide Target - 85%) | 85% |
| c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - (Statewide Target - 20%) | 20% |

4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)

- | | |
|--|-----|
| a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0765)/(SA765) | N/A |
| b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0766)/(SA766) | N/A |

5. Data Submission for Prevention Program Tool (Non GAA)

- | | |
|---|-----|
| a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. (Statewide Target 50%) | 50% |
|---|-----|

C. Required Internal Measures

1. Data Submission Outcomes for Substance Abuse

- | | |
|---|-----|
| a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least (SAMHIS) (M0758) (Target 95%) | 95% |
|---|-----|

III. Comments / Explanations

*There should be a number, or N/A inserted for each target or outcome in the sections above. *Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.

Exhibit D

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

Fiscal Year 2013-2014

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0

I. Mental Health Contracted Services

A. Required Performance Output Standards for Each Target Population (Including all clients paid for by SAMH, Medicaid and Local Match)

*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**Minimum
Numbers to
be Served**

1. Adult Mental Health

- a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)
- b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)
- c. Adults with Mental Health Problems (M05302)/(MH5302)
- d. Adults with Forensic Involvement (M0018)/(MH018)

700

250

232

50

2. Children's Mental Health

- a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)
- b. Children with Emotional Disturbances (ED) (M0032)/(MH032)
- c. Children at-risk of Emotional Disturbances (M0033)/(MH033)

500

150

N/A

B. Required Performance Outcome Standards for Each Target Population

*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**Minimum
Contract
Standard**

1. Adult Mental Health - Adults with Severe and Persistent Mental Illness

- a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/(MH742) - (Statewide Target - 93%)
- b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) - (Statewide Target - 30)

93%

30

2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems

- a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/(MH744) - (Statewide Target - 90%)

90%

3. Adult Mental Health - Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)

- a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/(MH703) - (Statewide Target - 15%)

15%

4. Adult Mental Health - Forensic Involvement

- a. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/(MH743) - (Statewide Target - 70%)

70%

5. Children's Mental Health - Seriously Emotionally Disturbed

- a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) - (Statewide Target - 95%)
- b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/(MH378) - (Statewide Target - 65%)
- c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) - (Statewide Target - 86%)

95%

65%

86%

6. Children's Mental Health - Emotionally Disturbed

- a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) - (Statewide Target - 95%)
- b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) - (Statewide Target - 64%)

95%

64%

7. Children's Mental Health - At-Risk of Emotional Disturbance

- a. Percent of children who live in stable housing environment will be at least (M0780)/(MH780) - (Statewide Target - 90%)

N/A

Exhibit D

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

Fiscal Year 2013-2014

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0**C. Required Internal Measures****1. Data Submission Outcomes for Mental Health**

- a. Percent of persons receiving state-contracted mental health service event records which have matching mental health initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least (SAMHIS) (M0759)
(Target - 95%)

95%

II. Substance Abuse Contracted Services**A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)**

*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**Minimum
Numbers to
be Served****1. Adults with Substance Abuse Problems**

- a. Number of Adults Served (M0063)/(SA063)

1809

2. Children with Substance Abuse Problems

- a. Number of Children Served (M0052)/(SA052)

300

3. Adults At-Risk of Substance Abuse Problems- (Non GAA)

- a. Number of Adults participating in Prevention Services (M0785)/(SA785)
b. Number of Adults participating in Level 1 Prevention Programs (M0767)/(SA767)
c. Number of Adults participating in Level 2 Prevention Programs (M0768)/(SA768)
d. Number of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities (M0769)/(SA769)
e. Number of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities (M0770)/(SA770)

1,500

1,500

N/A

750

N/A

4. Children At-Risk of Substance Abuse Problems- (Non GAA)

- a. Number of children participating in Prevention Services (M0762)/(SA762)
b. Number of children participating in Level 1 Prevention Programs (M0761)/(SA761)
c. Number of children participating in Level 2 Prevention Programs (M0695)/(SA695)
d. Number of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities (M0763)/(SA763)
e. Number of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities (M0764)/(SA764)

N/A

N/A

N/A

N/A

N/A

B. Required Performance Outcome Standards for Each Target Population

*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**Minimum
Contract
Standard****1. Adults with Substance Abuse Problems**

- a. Percent of adults who successfully complete substance abuse treatment services will be at least (M0755)/(SA755) - (Statewide Target - 50%)
b. Percent change in clients who are employed from admission to discharge will be at least (M0753)/(SA753) (Statewide Target - 20%)
c. Percent of adults who live in a stable housing environment at the time of discharge will be at least (M0756)/(SA756) - (Statewide Target - 80%)
d. Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge (M0754)/(SA754) (Statewide Target - 35%)

50%

20%

80%

35%

2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)

- a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0771)/(SA771)
b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0772)/(SA772)

750

N/A

Exhibit D

Substance Abuse and Mental Health Required Performance Outcomes and Outputs

Fiscal Year 2013-2014

Provider Name: LifeStream Behavioral Center, Inc. Contract #: PH204 Date: 07/01/2011 Revision #: 0**3. Children with Substance Abuse Problems**

- | | |
|---|-----|
| a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - (Statewide Target - 55%) | 55% |
| b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - (Statewide Target - 85%) | 85% |
| c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - (Statewide Target - 20%) | 20% |

4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)

- | | |
|--|-----|
| a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0765)/(SA765) | N/A |
| b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0766)/(SA766) | N/A |

5. Data Submission for Prevention Program Tool (Non GAA)

- | | |
|---|-----|
| a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. (Statewide Target 50%) | 50% |
|---|-----|

G. Required Internal Measures**1. Data Submission Outcomes for Substance Abuse**

- | | |
|--|-----|
| a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0758) (Target 95%) | 95% |
|--|-----|

III. Comments / Explanations

*There should be a number, or N/A inserted for each target or outcome in the sections above. *Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.

**EXHIBIT E-1
ADULT MENTAL HEALTH
Non-TANF
MONTHLY PAYMENT/ADVANCE REQUEST**

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 59-1561501001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 491000 Leesburg, FL 34749-1000

PART 1 - EARNINGS	Specified Non-TANF Funding Level for the Activity Only	YTD Total Eligible Non-TANF \$ Earned	YTD SAMH Non-TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of Non-TANF Units Paid for this Month
Budget Entity 60910502 ACTIVITY / Cost Centers	(from Exh G)	(col.1 of Wksht)	4	5	6	7	8	9
Emergency Stabilization - 502004	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Crisis Stabilization	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Crisis Support/Emergency	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Inpatient	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Emergency Stabilization Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Recovery & Resiliency Services - 502018								
Residential Level I	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level I/Enhanced Rates	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level II	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level III	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level IV	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev I	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev II	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev III	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Short-term Residential Treatment	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Case Management	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intensive Case Management	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Assessment	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Day Care	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Day/Night	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intervention - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intervention - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Medical Services	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outpatient - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outpatient - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Sheltered Employment	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Drop-In/Self-Help Centers	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
In-Home and On Site	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outreach	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Prevention	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Respite Services	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Supported Employment	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Supportive Housing/Living	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000

EXHIBIT E-1
ADULT MENTAL HEALTH
Non-TANF
MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":

PART 1 - EARNINGS	Specified Non-TANF Funding Level for the Activity Only (from Exh G)	YTD Total Eligible Non-TANF \$ Earned (col.1 of Wksh)	YTD SAMH Non-TANF Paid for Earnings	Difference (YTD Unpaid Earnings) (col.3-col.4)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate (col.C of Wksh)	# of Non-TANF Units Paid for this Month (col.7 / col.8)
Budget Entry 50910502 ACTIVITY / Cost Centers								
1	2	3	4	5	6	7	8	9
Aftercare - Individual	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Aftercare - Group	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Information & Referral	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Mental Health Outpatient Services	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Recovery & Resiliency Svcs Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
R & R - FACT Teams 502018								
Fact Team	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
R & R Comprehensive Community Service Team - 502018								
CCST-Individual	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
CCST-Group	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
R&R - CCST Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
R&R - Incidental Expenses	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Incidental Expenses	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
R&R Incidental Expenses Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
GRAND TOTAL=	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

* Unless the contractor requests and the department approves payment in excess of the prorated share.

h. Less Recoupment of Interest = \$0.00
i. Less Recoupment of Advance = \$0.00
j. TOTAL AMOUNT OF STATE PAYMENT/ADVANCE = \$0.00

EXHIBIT E-2
ADULT MENTAL HEALTH
TANF
MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 59-1561501001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 491000 Leesburg, FL 34749-1000

PART 1 - EARNINGS	Specified TANF Funding Level for the Activity Only	YTD Total Eligible TANF \$ Earned	YTD SAMH TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of TANF Units Paid for this Month
	(from Exh G)	(col K of Wkstht)	4	(col 3-col 4)	6	7	(col C of Wkstht)	(col 7 / col 8)
Budget Entity 60910502 ACTIVITY / Cost Centers								
Emergency Stabilization - \$02004	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Crisis Support/Emergency	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Emergency Stabilization Total =		\$0.00	\$0.00	\$0.00				
Recovery & Resiliency Services - 502018	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Residential Level I - Enhanced Rates	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Residential Level II	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Residential Level III	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Residential Level IV	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Room & Board w/Supervision Lev I	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Room & Board w/Supervision Lev II	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Room & Board w/Supervision Lev III	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Short-term Residential Treatment	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Case Management	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Intensive Case Management	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Assessment	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Day Care	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Day/Night	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Intervention - Individual	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Intervention - Group	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Outpatient - Individual	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Outpatient - Group	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
In-Home and On Site	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Outreach	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Prevention	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Respite Services	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Supported Employment	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000
Supportive Housing/Living	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	0.00000

EXHIBIT E-2
ADULT MENTAL HEALTH
TANF
MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 59-1561501001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 491000 Leesburg, FL 34749-1000

PART 1 - EARNINGS Continued:		Specified TANF Funding Level for the Activity Only	YTD Total Eligible TANF \$ Earned	YTD SAMH TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of TANF Units Paid for this Month
		(from Exh G)	(col.K of Wkshft)	4	5	6	7	(col.C of Wkshft)	(col.7 / col.8)
Budget Entity 60910502 ACTIVITY / Cost Centers									
1									
Aftercare - Individual		XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Aftercare - Group		XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Mental Health Clubhouse Services		XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Recovery & Resiliency Svs Total =			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
R & R Comprehensive -Community Services Team - 502018									
CCST-Individual		XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
CCST - Group		XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
R&R - CCST Total =			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
R&R - Incidentals Expenses									
Incidental Expenses		XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
R&R Incidentals Expenses Total =			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
GRAND TOTAL=		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

* Unless the contractor requests and the department approves payment in excess of the prorated share.

h. Less Recoupment of Interest = \$0.00
i. Less Recoupment of Advance = \$0.00
j. TOTAL AMOUNT OF STATE PAYMENT/ADVANCE = \$0.00

MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT NO.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 59-1561501001
f. VENDOR ID: (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 491000 Leesburg, FL 34749-1000

[illegible]

PART 3 - CERTIFICATION & APPROVAL

m. I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the department. Additionally, I certify that all client demographic and service event data has been submitted to the department in accordance with the contract.

Signature	Title
For DCF Contract Manager use only:	
Date Invoice Received:	
Date Goods/Services Received:	
Date Inspected and Approved:	
Approved By/ Date:	

Date _____

DCF USE ONLY

CLIENT NON-SPECIFIC PERFORMANCE CONTRACT
WORKSHEET FOR REQUEST FOR PAYMENT
Adult Mental Health

a. AGENCY NAME: LifeStream Behavioral Center, Inc.
b. CONTRACT No.: PH204
c. FROM: TO:
d. PROGRAM: AMH
e. FEDERAL ID #: 59-1561501001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 491000 Leesburg, FL 34749-1000

For cost centers paid for on the basis of utilization, Columns D & J MUST NOT BE > than, and Column E MUST NOT be < than, the # of units reported to the MHSA Data Warehouse

ACTIVITY Cost Center	Contracted Rate	YTD Total Units to Enrolled Client-Specific Units	YTD Billable Medicaid Units to Enrolled Clients	YTD Local Match Units to Enrolled Client-Specific Units	YTD Total Units Eligible to be Billed to SAMH D-(E+F)	YTD Total Non- TANF Units Eligible to be Billed to SAMH H	YTD Total Non- TANF \$ Amount for Eligible Units (GxH)	TANF-Units & Earnings	
								YTD Total TANF Units Eligible to be Billed to SAMH J	YTD Total TANF \$ Amount for Eligible Units (CxJ) K
Emergency Stabilization - 502004	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Crisis Stabilization (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Crisis Support/Emergency	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Inpatient (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Recovery & Resiliency Services - 502018	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Residential Level I	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Residential Level II - Enhanced Rates	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Residential Level II	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Residential Level III	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Residential Level IV	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Room & Board w/Supervision Lev I	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Room & Board w/Supervision Lev II	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Room & Board w/Supervision Lev III	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Short-term Residential Treatment	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Case Management	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Intensive Case Management	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Assessment	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Day Care	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Day/Night	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Intervention - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Intervention - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Medical Services (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Outpatient - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Outpatient - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Sheltered Employment (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Drop-In/Self-Help Centers (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
In-Home and On Site	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Outreach	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Prevention	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Respite Services	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Supported Employment	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Supportive Housing/Living	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Aftercare - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Aftercare - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Information & Referral (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Mental Health Clubhouse Services	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Recovery & Resiliency - FACT Teams-502018	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Fact Team (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Recovery & Resiliency CCST - 502018	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
CCST - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
CCST - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Recovery & Resiliency - Incidental Expenses	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00
Incidental Expenses	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00

**EXHIBIT E-1
CHILDREN'S MENTAL HEALTH
Non-TANF
MONTHLY PAYMENT/ADVANCE REQUEST**

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 59-1561501001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 491000 Leesburg, FL 34749-1000

PART 1 - EARNINGS	Specified Non-TANF Funding Level for the Activity Only (from Exh G)	YTD Total Eligible Non-TANF \$ Earned (col.1 of Wkstht)	YTD SAMH Non-TANF Paid for Earnings	Difference (YTD Unpaid Earnings) (col.3-col.4)	Prorated Share For Activity only [(col. 2 - col 4) / months remaining]	Amount Due (Owed) Enter and adjust the Cost Centers from Col.5 so that the total for each Activity is the lesser of Col.5 or Col.6.	Cost Center Unit Ratio (col.C of Wkstht)	# of Non-TANF Units Paid for this Month (col.7 / col.8)
Budget Entity 60910503 ACTIVITY / Cost Centers								
Emergency Stabilization - 503001								
Crisis Stabilization	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Crisis Support/Emergency	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Inpatient	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Emergency Stabilization: Total =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Recovery & Resiliency Services -								
Residential Level I	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Residential Level I - Enhanced Rates	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Residential Level II	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Residential Level III	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Residential Level IV	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev I	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev II	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev III	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Case Management	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Intensive Case Management	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Assessment	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Day Care	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Day/Night	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Intervention - Individual	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Intervention - Group	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Medical Services	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Outpatient - Individual	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Outpatient - Group	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
In-Home and On Site	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Outreach	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Prevention	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Prevention/Intervention-Day	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Respite Services	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Supported Employment	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Supportive Housing/Living	XXXXXX	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000

EXHIBIT E-1
CHILDREN'S MENTAL HEALTH
Non-TANF
MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":

BE / ACTIVITY / Cost Centers	1	2	3	4	5	6	7	8	9
Specified Non-TANF Funding Level for the Activity Only	(from Exh G)	(col.1 of Wkshft)	YTD Total Eligible Non-TANF \$ Earned	YTD SAMH Non-TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of Non-TANF Units Paid for this Month
PART 1 - EARNINGS Continued :									
Aftercare - Individual	XXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Aftercare - Group	XXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Information & Referral	XXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Mental Health, Clinic/House Services	XXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Recovery & Resiliency Svs Total =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
R & R Comprehensive Community Services Team - 502018									
CCST-Individual	XXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
CCST-Group	XXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
R&R - CCST Total =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
R&R - Incidental Expenses	XXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXX		\$0.00	0.00000
Incidental Expenses									
R&R Incidental Expenses Total =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
GRAND TOTAL =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

* Unless the contractor requests and the department approves payment in excess of the prorated share.

h. Less Recoupment of Interest =

i. Less Recoupment of Advance =

j. TOTAL AMOUNT OF STATE PAYMENT/ADVANCE =

CLIENT NON-SPECIFIC PERFORMANCE CONTRACT WORKSHEET FOR REQUEST FOR PAYMENT Client: Mental Health									
For cost centers paid for on the basis of utilization, Columns D & J MUST NOT BE blank and Column E MUST NOT be blank. The % of units reported to the MESA Data Warehouse.									
ACTIVITY	Contracted Rate	YTD Total Units to Enroll Clients & Non-Client-Specific Units	YTD Total Units to Enroll Clients & Non-Client-Specific Units	YTD Total Units to Enroll Clients & Non-Client-Specific Units	YTD Total Units to Enroll Clients & Non-Client-Specific Units	YTD Total Units to Enroll Clients & Non-Client-Specific Units	YTD Total Units to Enroll Clients & Non-Client-Specific Units	YTD Total Units to Enroll Clients & Non-Client-Specific Units	YTD Total Units to Enroll Clients & Non-Client-Specific Units
A	B	C	D	E	F	G	H	I	J
Emergency Stabilization - 503001	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Crisis Stabilization (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Crisis Support/Emergency	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Inpatient (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Recovery & Resiliency Svc: 503015	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Residential Level I	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Residential Level II	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Residential Level III	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Residential Level IV	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Room & Board w/Supervision Lev I	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Room & Board w/Supervision Lev II	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Room & Board w/Supervision Lev III	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Case Management	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Intensive Case Management	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Assessment	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Day Care	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Day/Night	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Intervention - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Intervention-Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Medical Services (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Outpatient - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Outpatient - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
In-Home and On Site	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Outreach	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Prevention	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Prevention/Intervention Day	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Respite Services	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Supported Employment	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Supportive Housing/Living	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Aftercare - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Aftercare - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Information & Referral (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Mental Health Clubhouse Services	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Recovery & Resiliency/Comprehensive Community Service Team - 503013	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
CCST - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
CCST - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Recovery & Resiliency - Incidentals Expenses	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Incidental Expenses	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000

a. AGENCY NAME: LiveStream Behavioral Center, Inc.
b. CONTRACT No.: P-204
c. FROM: TC:
d. PROGRAM: CMH
e. FEDERAL ID #: 50-15750101
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 451005, Leesburg, FL 34749-0005

**EXHIBIT E-1
ADULT SUBSTANCE ABUSE
Non-TANF
MONTHLY PAYMENT/ADVANCE REQUEST**

a. AGENCY NAME: LifeStream Behavioral
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 59-1561501001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, ZIP): P.O. Box 491000 Leesburg, FL 34749-1000

PART 1 - EARNINGS		1	2	3	4	5	6	7	8	9
Budget Entity 60910603 ACTIVITY / Cost Centers		(from Exh G)	(col.1 of Worksheet)	YTD Total Eligible Non- TANF \$ Earned	YTD SAMH Non- TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of Non-TANF Units Paid for this Month
						(col.3-col.4)	For Activity only [(col. 2 - col 4) / months remaining]	the Cost Centers from Col.5 so that the total for each Activity is the lesser of Col.5 or Col.6.	(col.C of Worksheet)	(col.7 / col.9)
Treatment & Aftercare - 603007										
Assessment	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Case Management	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Crisis Support/Emergency	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Day Care	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Day/Night	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
In-Home & On Site	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Intensive Case Management	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Intervention - Individual	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Intervention - Group	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Medical Services	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Methadone Maintenance	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Outpatient - Individual	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Outpatient - Group	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Outreach	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level I	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level I - Enhanced Rate	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level II	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level III	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level IV	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Respite Services	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Supported Employment	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Supportive Housing/Living	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
TASC	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Aftercare - Individual	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Aftercare - Group	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev I	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev II	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev III	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Recovery Support - Individual	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Recovery Support -Group	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Information & Referral	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Treatment & Aftercare Total =			\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	0.00000
Detoxification - 603005										
Substance Abuse Detox	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Outpatient Detoxification	XXXXXXXX		\$0.00			\$0.00	XXXXXXXX		\$0.00	0.00000
Detoxification Total =			\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	0.00000

EXHIBIT E-1
ADULT SUBSTANCE ABUSE
Non-TANF

MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavioral
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":

PART 1 - EARNINGS Continued :	Specified Non-TANF Funding Level for the Activity Only	YTD Total Eligible Non-TANF \$ Earned	YTD SAMH Non-TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of Non-TANF Units Paid for this Month
1	2	3	4	5	6	7	8	9
Budget Entity 60310603 ACTIVITY / Cost Centers	(from Exh G)	(col. H of Worksheet)		(col. 3 - col. 4)	For Activity only [(col. 2 - col. 4) / months remaining]	Enter and adjust the Cost Centers from Col. 5 so that the total for each Activity is the lesser of	(col. B of Worksheet)	(col. 7 / col. 8)
Prevention - 603006	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Prevention	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Information & Referral								
Prevention Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
FACT Teams - 603000	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Fact Team								
FACT Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Incidental Expenses	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Incidental Expenses								
Incidental Expenses Total =	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
TOTAL:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
* Unless the contractor requests and the department approves payment in excess of the prorated share.								
h. Less Recoupment of Interest =								
i. Less Recoupment of Advance =								
j. TOTAL AMOUNT OF STATE PAYMENT/ADVANCE = \$0.00								

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF:
d. "months remaining": 12

[illegible]

PART 3 - CERTIFICATION & APPROVAL

m. I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the department. Additionally, I certify that all client demographic and service event data has been submitted to the department in accordance with the contract.

Date _____

Title

For DCF Contract Manager use only:

Date Invoice Received:

Date Goods/Services Received:

Date Inspected and Approved:

Approved By/ Date:

DCF USE ONLY

EXHIBIT E-2
ADULT SUBSTANCE ABUSE
TANF
MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT NO.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 58-1561501001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): p.o. Box 491000 Leesburg, FL 34749-1000

PART 1 - EARNINGS	Specified TANF Funding Level for the Activity Only	YTD Total Eligible TANF \$ Earned	YTD SAMH TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of TANF Units Paid for this Month
	(from Exh G)	(col K of Wksht)	4	(col 3-col 4)	5	6	(col C of Wksht)	(col 7 / col 8)
Budget Entity 60910603								
ACTIVITY / Cost Centers								
Treatment & Aftercare - 602007	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Assessment	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Case Management	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Crisis Support/Emergency	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Day Care	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Day/Night	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
In-Home & On-Site	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intensive Case Management	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intervention - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intervention - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outpatient - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outpatient - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outreach	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level I	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level I - Enhanced Rates	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level II	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level III	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level IV	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Respite Services	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Supported Employment	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Supportive Housing/Clinic	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
TASC	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Aftercare - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Aftercare - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev I	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev II	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev III	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Recovery - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Recovery - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Treatment & Aftercare Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00000
Prevention - 602006	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Prevention	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Prevention Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00000
Incidental Expenses	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Incidental Expenses Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00000
TOTAL:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Unless the contractor requests and the department approves payment in excess of the prorated share.

h. Less Recoupment of Interest = \$0.00
i. Less Recoupment of Advance = \$0.00
j. TOTAL AMOUNT OF STATE PAYMENT/ADVANCE = \$0.00

CLIENT NON-SPECIFIC PERFORMANCE CONTRACT
WORKSHEET FOR REQUEST FOR PAYMENT
Adult Substance Abuse

2. AGENCY NAME: LifeStream Behavioral Center, Inc.
3. CONTRACT NO. P4204
4. FROM: TO:
5. PROGRAM: ASA
6. FEDERAL ID #: 50-151510021
7. VENDOR ID (if different than Fed ID):
8. ADDRESS (Number, City, State, ZIP): P.O. Box 491000, Leesburg, FL 34749-1000

For each carrier paid for on the basis of utilization, Columns D & J MUST NOT BE "Null" and Column E MUST NOT BE "Other" than the # of units reported to the MESA Data Warehouse.

ACTIVITY		Non-TANF - Units & Earnings										TANF - Units & Earnings																																																																																																																																																																																																													
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z																																																																																																																																																																																																
Cost Center		Contracted Rate	YTD Total Units to Enrolled Clients & Non-Client-Specific Units	YTD Eligible Medicaid Units to Enrolled Clients	YTD Local Match Units to Enrolled Clients & Non-Client-Specific Units	YTD Total Units Eligible to be Billed to SAMH D/E+H	YTD Total Non-TANF Units Eligible to be Billed to SAMH	YTD Total Non-TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (C+H)	YTD Total TANF Units Eligible to be Billed to SAMH

EXHIBIT E-1
CHILDREN'S SUBSTANCE ABUSE
Non-TANF
MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: Lifestream Behavioral
b. CONTRACT NO.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 59-1531501001
f. VENDOR ID (if different from Fed ID):
g. ADDRESS (Number, City, State, ZIP): P.O. Box 491000, Leesburg, FL 34749-1000

PART 1 - EARNINGS								
Budget Entry 60916602 ACTIVITY / Cost Centers	Specified Non-TANF Funding Level for the Activity Only	YTD Total Eligible Non-TANF \$ Earned	YTD SAMH Non-TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Pro-rated Share	Amount Due (Owed)	Cost Center Unit Rate	# of Non-TANF Units Paid for this Month
1	2	3 (col 1 of worksheet)	4	5 (col 3 - col 4)	6 For Activity only if (col 2 - col 4) / months remaining	7 Enter and adjust the Cost Centers from Col 5 so that the total for each Activity is the lesser of Col 5 or Col 6	8 (col C of worksheet)	9 (col 7 / col 8)
Treatment & Aftercare - 602903								
Assessment	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Case Management	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Crisis Support/Emergency	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Day Care	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Day/Night	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
In-Home & On Site	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Intensive Case Management	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Intervention - Individual	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Intervention - Group	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Medical Services	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Mechanical Maintenance	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Outpatient - Individual	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Outpatient - Group	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Outreach	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level I	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level I - Enhanced Rates	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level II	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level III	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Residential Level IV	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Respite Services	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Supported Employment	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Supportive Housing/Living	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
TASC	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Aftercare - Individual	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Aftercare - Group	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Room & Board w/Supervision Level I	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Room & Board w/Supervision Level II	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Room & Board w/Supervision Level III	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Recovery Support - Individual	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Recovery Support - Group	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Information & Referral	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX		\$0.00	0.00000
Treatment & Aftercare Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Detoxification - 602901								
Substance Abuse Detox	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Outpatient Detoxification	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Detoxification Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

2. AGENCY NAME: LifeStream Behavior

3. CONTRACT NO.: PH204

4. MONTH/YEAR OF:

5. MONTHS REMAINING:

EXHIBIT E-1
CHILDREN'S SUBSTANCE ABUSE
Non-TANF

MONTHLY PAYMENT/ADVANCE REQUEST

PART 1 - EARNINGS Continued:	Specified Non-TANF Funding Level for the Activity Only	YTD Total Eligible Non-TANF \$ Earned	YTD SAMH Non-TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Pro-rated Share	Amount Due (Owed)	Cost Center Unit Rate	# of Non-TANF Units Paid for this Month
Budget Entry 60910802 ACTIVITY / Cost Centers	(from Est G)	(col H of Worksheet)		(col 3 - col 4)	For Activity only that the total for each Activity is the lesser of Col 5 or Col 6. Enter and adjust the Cost Centers from Col 5 so that the total for each Activity is the lesser of Col 5 or Col 6.		(col B of Worksheet)	(col 7 / col 8)
Prevention - 602002	1	2	3	4	5	6	7	9
Prevention	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Prevention/Intervention - Day	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Intervention & Referral	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Prevention Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Incidental Expenses	XXXXXXXX	\$0.00		\$0.00	XXXXXXXX		\$0.00	0.00000
Incidental Expenses		\$0.00		\$0.00				
Incidental Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
TOTAL:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

* No flexibility is allowed if funded via SAPTBG
* Unless the contractor requests and the department approves payment in excess of the prorated share.

h. Less Recoupment of Interest = \$0.00
i. Less Recoupment of Advance = \$0.00
1. TOTAL AMOUNT OF STATE PAYMENT/ADVANCE = \$0.00

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF:
d. "months remaining":

EXHIBIT E-1
CHILDREN'S SUBSTANCE ABUSE
NON-TANF
MONTHLY PAYMENT/ADVANCE REQUEST

12

[illegible]

PART 3 - CERTIFICATION & APPROVAL

m. I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the department. Additionally, I certify that all client demographic and service event data has been submitted to the department in accordance with the contract.

Signature _____ Title _____
For DCF Contract Manager use only:

Date Invoice Received:

Date Goods/Services Received:

Date Inspected and Approved:

Approved By/ Date:

Date _____

DCF USE ONLY

EXHIBIT E-2
CHILDREN'S SUBSTANCE ABUSE
TANF
MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT No.: PH204
c. MONTH/YEAR OF: 12
d. "months remaining":
e. FEDERAL ID #: 55-1561507001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 491000 Leesburg, FL 34749-1000

PART 1 - EARNINGS		YTD Total Eligible TANF \$ Earned	YTD SAMH TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of TANF Units Paid for this Month
1	2 (from Exh G) Specified TANF Funding Level for the Activity Only	3 (col K of Wksht)	4	5 (col 3-col 4)	6 For Activity only that the total for each Activity is the lesser of Col. 5 or Col. 6.	7 (col 6 of Wksht)	8 (col 7 / col 8)	9
Treatment & Aftercare - 602003								
Assessment	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Case Management	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Crisis Support/Emergency	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Day Care	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Day/Night	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
In-Home & On Site	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intensive Case Management	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intervention - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Intervention - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outpatient - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outpatient - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Outreach	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level I	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level I - Enhanced Rates	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level II	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level III	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Residential Level IV	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Respite Services	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Supported Employment	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Supportive Housing/Living	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
TASC	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Aftercare - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Aftercare - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev I	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev II	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Room & Board w/Supervision Lev III	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Recovery - Individual	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Recovery - Group	XXXXXX	\$0.00		\$0.00	XXXXXX		\$0.00	0.00000
Treatment & Aftercare Total =		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00000

EXHIBIT E-2
CHILDREN'S SUBSTANCE ABUSE
TANF
MONTHLY PAYMENT/ADVANCE REQUEST

a. AGENCY NAME: LifeStream Behavior
b. CONTRACT NO.: PH234
c. MONTH/YEAR OF: 12
d. "months remaining": 12

PART 1 - EARNINGS Continued :	Specified TANF Funding Level for the Activity Only	YTD Total Eligible TANF \$ Earned	YTD SAMH TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share	Amount Due (Owed)	Cost Center Unit Rate	# of TANF Units Paid for this Month
1	2	3	4	5	6	7	8	9
Budget Entity 60910602 ACTIVITY / Cost Centers	(from Exh G)	(col.3 - col.4)			For Activity only [(col. 2 - col 4) / months remaining]	the Cost Centers from Col.5 so that the total for each Activity is the lesser of	(col.6 of Wkshd)	(col.7 / col.8)
Prevention - 602002	XXXXXX	\$0.00		\$40.00	XXXXXX		\$0.00	0.00000
Prevention	XXXXXX	\$0.00		\$40.00	XXXXXX		\$0.00	0.00000
Prevention/Intervention - Day	XXXXXX	\$0.00	\$0.00	\$80.00	\$0.00	\$0.00		
Prevention Total =		\$0.00	\$0.00	\$80.00	\$0.00	\$0.00		
Incidental Expenses	XXXXXX	\$0.00		\$50.00	XXXXXX		\$0.00	0.00000
Incidental Expenses	XXXXXX	\$0.00	\$0.00	\$50.00	\$0.00	\$0.00		
Incidental Expenses Total =		\$0.00	\$0.00	\$50.00	\$0.00	\$0.00		
TOTAL:	\$0.00	\$0.00	\$0.00	\$130.00	\$0.00	\$0.00		

* Unless the contractor requests and the department approves payment in excess of the prorated share.

h. Less Recoupment of Interest = \$0.00
i. Less Recoupment of Advance = \$0.00
j. TOTAL AMOUNT OF STATE PAYMENT/ADVANCE = \$0.00

CLIENT NON-SPECIFIC PERFORMANCE CONTRACT
WORKSHEET FOR REQUEST FOR PAYMENT
Children's Substance Abuse

a. AGENCY NAME: LifeStream Behavioral Center, Inc.
b. CONTRACT No.: PH204
c. FROM: TC:
d. PROGRAM: CSA
e. FEDERAL ID #: 59-1561501001
f. VENDOR ID (if different than Fed ID):
g. ADDRESS (Number, City, State, Zip): P.O. Box 491000
Leesburg, FL 34749-1000

For cost centers paid for on the basis of utilization, Columns D & J MUST NOT BE > than and Column E MUST NOT be < than the # of units reported to the MESA Data Warehouse

ACTIVITY Cost Center	B	C	D	E	F	G	H	I	Non-TANF Units & Earnings			TANF Units & Earnings		
									YTD Total Units Eligible to be Billed to SAMH	YTD Total Non-TANF Units Eligible for Eligible Units	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units	YTD Total TANF \$ Amount for Eligible Units
A	Assessment	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Case Management	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Crisis Support/Emergency	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Day Care	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Day/Night	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	In-Home & On Site	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Intensive Case Management	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Intervention - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Intervention - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Medical Services (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Methadone Maintenance (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Outpatient - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Outpatient - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Outreach	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Residential Level I - Enhanced Rates	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Residential Level II	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Residential Level III	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Residential Level IV	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Respite Services	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Supported Employment	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Supportive Housing/Living	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	TASC	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Aftercare - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Aftercare - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Room & Board w/Supervision Lev I	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Room & Board w/Supervision Lev II	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Room & Board w/Supervision Lev III	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Recovery Support - Individual	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Recovery Support - Group	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Information & Referral (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Detoxification - 602001	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Substance Abuse Detox (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Outpatient Detoxification (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Prevention - 602002	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Prevention	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Prevention/Intervention - Day	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Information & Referral (No TANF)	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Incidental Expenses	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00
	Incidental Expenses	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	0.00000	0.00000	0.00000	\$0.00	\$0.00

Minimum Service Requirements

The provider and its subcontractors shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, that affect the subject areas of the contract. Authorities include but are not limited to the following:

I. PROGRAMMATIC AUTHORITY (FEDERAL)

A. Mental Health

42 U.S.C. 300x to 300x-9 (*Block Grant for community Mental Health Services*)
<http://www4.law.cornell.edu/uscode/42/ch6AschXVIIpB.html>

B. Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

42 U.S.C. 290kk, et seq. (*Limitation on use of funds for certain purposes*)
http://www4.law.cornell.edu/uscode/html/uscode42/usc_sec_42_0000029_0--kk000-.html

42 U.S.C. 300x-21 to 300x-35 and 300x-51 to 300x-66 (*SA Treatment & Prevention Block Grants*)
http://www4.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_6_A_20_XVII_30_B_40_ii.html

42 CFR, Part 54 (*Charitable choice*)
http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr54_03.html

45 CFR 96.120 – 137 (*SA Treatment & Prevention Block Grants*)
http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr96_03.html

Restrictions on expenditures of SAPTBG

45 CFR 96.135
http://www.access.gpo.gov/nara/cfr/waisidx_01/45cfr96_01.html

C. Substance Abuse-Confidentiality

42 CFR, Part 2
http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr2_03.html

D. Health Insurance Portability and Accountability Act (HIPAA)

45 CFR 164
http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr164_03.html

E. Social Security Income for the Aged, Blind and Disabled

20 CFR 416

http://www.access.gpo.gov/nara/cfr/waisidx_03/20cfr416_03.html**F. Endorsement and Payment of Checks Drawn on the United States Treasury**

31 CFR 240 relating to SSA

http://www.access.gpo.gov/nara/cfr/waisidx_03/31cfr240_03.html**G. Temporary Assistance to Needy Families (TANF)**

Part A, Title IV of the Social Security Act

45 CFR, Part 260

http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr260_03.html

Section 414.1585, F.S.

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0414/Sections/0414.1585.html**H. Positive Alternatives to Homelessness (PATH)**

Public Health Services Act, Title V, Part C, Section 521, as amended

42 U.S.C. 290cc-21 et. seq.

http://www.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_6A_20_III-A_30_C.html

Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law 101-645

http://www4.law.cornell.edu/usc-cgi/get_external.cgi?type=pubL&target=101-645

42 CFR, Part 54

http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr54_03.html**I. Americans with Disabilities Act of 1990**

42 U.S.C. 12101 et seq.

http://www.law.cornell.edu/uscode/html/uscode42/usc_sec_42_00012101-----000-.html**II. FLORIDA STATUTES**

All State of Florida Statutes can be found at the following website:

<http://www.leg.state.fl.us/statutes/index.cfm?Mode=ViewStatutes&Submenu=1>

A. Child Welfare and Community Based Care

Chapter 39, F.S.	Proceedings Relating to Children
Chapter 119, F.S.	Public Records
Chapter 402, F.S.	Health and Human Services; Miscellaneous Provisions
Chapter 435, F.S.	Employment Screening
Chapter 490, F.S.	Psychological Services
Chapter 491, F.S.	Clinical, Counseling and Psychotherapy services
Chapter 1002, F.S.	Student and Parental Rights and Educational Choices
Section 402.3057, F.S.	Persons not required to be refingerprinted or rescreened
Section 414.295, F.S.	Temporary Cash Assistance; Public Records Exemptions

B. Substance Abuse and Mental Health Services

Chapter 381, F.S.	Public Health General Provisions
Chapter 386, F.S.	Particular Conditions Affecting Public Health
Chapter 395, F.S.	Hospital Licensing and Regulation
Chapter 394, F.S.	Mental Health
Chapter 397, F.S.	Substance Abuse Services
Chapter 400, F.S.	Nursing Home and Related Health Care Facilities
Chapter 435, F.S.	Employment Screening
Chapter 458, F.S.	Medical Practice
Chapter 459, F.S.	Osteopathic Medicine
Chapter 464, F.S.	Nursing
Chapter 465, F.S.	Pharmacy
Chapter 490, F.S.	Psychological Services
Chapter 491, F.S.	Clinical, Counseling and Psychotherapy Services
Chapter 499, F.S.	Drug, Cosmetic and Household Products
Chapter 553, F.S.	Building Construction Standards
Chapter 893, F.S.	Drug Abuse Prevention and Control
Section 409.906(8), F.S.	Optional Medicaid – Community Mental Health Services

C. Developmental Disabilities

Chapter 393, F.S.	Developmental Disabilities
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D. Adult Protective Services

Chapter 415, F.S.	Adult Protective Services
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E. Forensics

Chapter, F.S.916, F.S.	Mentally Deficient and Mentally Ill Defendants.
Chapter 985, F.S.	Juvenile Justice; Interstate Compact on Juveniles

Section 985.19, F.S. Incompetency in Juvenile Delinquency Cases
 Section 985.24, F.S. Interstate Compact on Juveniles; Use of detention;
 prohibitions;

F. Florida Assertive Community Treatment (FACT)

General Appropriations Act
<http://www.flsenate.gov/Welcome/index.cfm?CFID=105701865&CFTOKEN=34016817>

G. State Administrative Procedures and Services

Chapter 120, F.S. Administrative Procedures Act
 Chapter 287, F.S. Procurement of Personal Property and Services
 Chapter 815, F.S. Computer - Related Crimes
 Section 112.061, F.S. Per diem and Travel Expenses*
 Section 112.3185, F.S. Additional Standards for State Agency Employees
 Section 215.422, F.S. Payments, Warrants & Invoices; Processing Times
 Section 216.181(16)(b), F.S. Advanced funds invested in interest bearing accounts

*Travel Expenses are specified in the DFS Reference Guide for State Expenditures
http://www.myfloridacfo.com/aadir/reference%5Fguide/reference_guide.htm

III. FLORIDA ADMINISTRATIVE CODE (RULES)

A. Child Welfare and Community Based Care

All references to F.A.C. may be found at the following website:
<https://www.flrules.org/default.asp>

Rule 65C-12, F.A.C. Emergency Shelter Care
 Rule 65C-13, F.A.C. Substitute Care of Children
 Rule 65C-14, F.A.C. Group Care
 Rule 65C-15, F.A.C. Child Placing Agencies

B. Substance Abuse and Mental Health Services

Rule 65C-12, F.A.C. Emergency Shelter Care
 Rule 65D-30, F.A.C. Substance Abuse Services Office
 Rule 65E-4, F.A.C. Community Mental Health Regulation
 Rule 65E-5, F.A.C. Mental Health Act Regulation
 Rule 65E-10, F.A.C. Psychotic and Emotionally Disturbed Children Purchase of
 Residential Services Rules
 Rule 65E-12, F.A.C. Public Mental Health, Crisis Stabilization Units, Short Term
 Residential Treatment Programs

Rule 65E-14, F.A.C.	Community Substance Abuse and Mental Health Services- Financial Rules
Rule 65E-15, F.A.C.	Continuity of Care Case Management
Rule 65E-20, F.A.C.	Forensic Client Services Act Regulation

C. Financial Penalties

Rule 65-29, F.A.C.	Penalties on Service Providers
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Reduction/withholding of funds

Rule 65-29.001, F.A.C.	Financial Penalties for a Provider's Failure to Comply With a Requirement for Corrective Action
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IV. MISCELLANEOUS**A. Department of Children and Families Operating Procedures**

CFOP 155-10, Services for Children with Mental Health & Any Co-occurring
Substance Abuse Treatment Needs In Out of Home Care Placements
<http://www.dcf.state.fl.us/admin/publications/policies/155-10.pdf>

CFOP 215-6, Incident Reporting and Client Risk Prevention
<http://www.dcf.state.fl.us/publications/policies/215-6.pdf>

B. Federal Cost Principles

OMB Circular A-21, Cost Principles for Educational Institutions
http://www.whitehouse.gov/omb/circulars_a021_2004

OMB Circular A-87, Cost Principles for State, Local and Indian Tribal
Governments
http://www.whitehouse.gov/omb/circulars_a087_2004

OMB Circular A102, Grants and Cooperative Agreements with State and Local
Governments
http://www.whitehouse.gov/omb/circulars_a102

OMB Circular A-122, Cost Principles for Non-profit Organizations
http://www.whitehouse.gov/omb/circulars_a122_2004

C. Audits

OMB Circular A-133, Audits of States, Local Governments and Non-Profit
Organizations

http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf

Section 215.97, F.S., Florida Single Audit Act

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0215/Sections/0215.97.html

Comptrollers Memorandum #03 (1999-2000): Florida Single Audit Act Implementation

<http://www.myfloridacfo.com/aadir/cm0/cm990003.htm>

D. Administrative Requirements

45 CFR, Part 74 - Uniform Administration Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, other Non-Profit Organizations and Other Commercial Organizations

http://www.access.gpo.gov/nara/cfr/waisidx_06/45cfr74_06.html

45 CFR, Part 92 - Uniform Administration Requirements (State and Local Governments)\

http://www.access.gpo.gov/nara/cfr/waisidx_06/45cfr92_06.html

OMB Circular A110, Uniform Administrative Requirements for Grants and Other Agreements

<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

E. Data Collection and Reporting Requirements

Rule 65E-14.022, F.A.C.

<https://www.flrules.org/gateway/ruleNo.asp?ID=65E-14.022>

Section 397.321(3)(c), F.S., Data collection & dissemination system

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0397/Sections/0397.321.html

Section 394.74(3)(e), F.S., Data Submission

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.74.html

Section 394.77, F.S., Uniform management information, accounting, and reporting systems for providers.

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0394/Sections/0394.77.html

CFP 155-2, Mental Health and Substance Abuse Data Measurement Handbook

http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2011 to 2012

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Date: 07/01/2011

Activity / Cost Center	Adult Mental Health			Children's Mental Health		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	3	4	5	6	7
Emergency Stabilization			602004			603001
03. Crisis Stabilization (No TANF)						
Unit: bed-day		\$291.24			\$291.24	
04. Crisis Support/Emergency						
Unit: staff hour	X	\$43.17			\$43.17	
09. Inpatient (No TANF)						
Unit: 24-hr day		\$456.00				
		Non-TANF=	\$1,638,336		Non-TANF=	\$332,302
		TANF =	\$30,000		TANF =	
		Tot. Emerg. Stabil. Support =	\$1,668,336		Tot. Emerg. Stabil. Support =	\$332,302
Recovery & Resiliency			602018			603013
18. Residential Level I						
Unit: 24-hr day						
Residential Level I Enhanced Rate						
Unit: 24-hr day						
19. Residential Level II						
Unit: 24-hr day						
Residential Level II Enhanced Rate for						
Unit: 24-hr day						
20. Residential Level III						
Unit: 24-hr day						
21. Residential Level IV						
Unit: 24-hr day	X	\$49.72				
36. Room and Board w/Supervision Level I						
Unit: 24-hr day						
37. Room and Board w/Supervision Level II						
Unit: 24-hr day	X	\$156.61			\$17.18	
38. Room and Board w/Supervision Level III						
Unit: 24-hr day	X	\$103.08				
39. Short-term Residential Treatment						
Unit: Bed-Day						
02. Case Management						
Unit: direct staff hour	X	\$83.21			\$83.21	
10. Intensive Case Management						
Unit: direct staff hour					\$72.21	
01. Assessment						
Unit: contact hour	X	\$85.91			\$85.91	
05. Day Care						
Unit: 4-hr day	X	\$30.30				
08. Day/Night						
Unit: 4-hr day	X	\$71.48			\$71.48	
11. Intervention - Individual						
Unit: direct staff hour						
42. Intervention - Group						
Unit: contact hour						
12. Medical Services (No TANF)						
Unit: contact hour		\$389.55			\$389.55	
14. Outpatient - Individual						
Unit: contact hour	X	\$91.09			\$91.09	
35. Outpatient - Group						
Unit: contact hour	X	\$22.77			\$22.77	
23. Sheltered Employment (No TANF)						
Unit: 4-hr day						
07. Drop-In/Self Help Centers (No-TANF)						
Unit: facility day						
08. In-Home and On-Site						
Unit: direct staff hour	X	\$70.20			\$70.20	
15. Outreach						
Unit: non-direct staff hour	X	\$43.20				
16. Prevention						
Unit: non-direct staff hour	X	\$43.20				
17. Prevention/Intervention - Day						
Unit: 4-hr day						
22. Respite Services						
Unit: contact hour						
25. Supported Employment						
Unit: direct staff hour						
26. Supportive Housing/Living						
Unit: direct staff hour	X	\$3.44				

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2011 to 2012

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Mental Health			Children's Mental Health		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	4	6	7	9	11
29. Aftercare - Individual Unit: direct staff hour			502018		\$83.21	503013
43. Aftercare - Group Unit: contact hour						
30. Information and Referral (No TANF) Unit: staff hour						
40. Mental Health Clubhouse Services Unit: Clubhouse staff hour						
		Non-TANF =	\$1,828,280		Non-TANF =	\$121,287
		TANF =	\$88,000		TANF =	
		Total Recovery & Resiliency =	\$1,897,280		Total Recovery & Resiliency =	\$121,287
Recovery & Resiliency - FACT Teams			502018			
34. FACT Teams (No TANF) Unit: staff hour						
		FACT =				
		Total FACT =	\$0			
Recovery & Resiliency - Comprehensive Community Service Teams			502018			503013
44. CCST-Individual Unit: Staff Hour						
45. CCST-Group Unit: Contact Hour						
		Non-TANF =			Non-TANF =	
		TANF =			TANF =	
		Total CCST Services =	\$0		Total CCST Services =	\$0
Recovery & Resiliency - Incidental Expenses						
28. Incidental Expenses Unit: each \$50 spent	X	\$50.00				
		Non-TANF =	\$0		Non-TANF =	\$0
		TANF =			TANF =	
		Total Incidental Expenses =	\$0		Total Incidental Expenses =	\$0
		Total Non-TANF =	\$3,467,626		Total Non-TANF =	\$453,689
		Total TANF =	\$88,000		Total TANF =	\$0
		Total Mental Health Funds =	\$3,555,626		Total Mental Health Funds =	\$453,689

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2011 to 2012

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Substance Abuse			Children's Substance Abuse		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	3	4	5	6	7
Treatment and Aftercare			603007			602003
01. Assessment Unit: contact hour						
02. Case Management Unit: direct staff hour	X	\$53.21				
04. Crisis Support/Emergency Unit: staff hour	X	\$43.17			\$43.17	
05. Day Care Unit: 4-hr day						
06. Day/Night Unit: 4-hr day						
09. In-Home & On Site Unit: direct staff hour	X	\$70.20				
10. Intensive Case Management Unit: direct staff hour						
11. Intervention - Individual Unit: direct staff hour					\$67.44	
42. Intervention - Group Unit: Contact hour					\$14.71	
12. Medical Services (No TANF) Unit: contact hour		\$369.66				
13. Medication Maintenance (No TANF) Unit: dosage						
14. Outpatient - Individual Unit: contact hour	X	\$91.09			\$91.09	
35. Outpatient - Group Unit: Contact Hour	X	\$22.77			\$22.77	
15. Outreach Unit: non-direct staff hour	X	\$43.20				
18. Residential Level I Unit: 24-hr day						
19. Residential Level II Unit: 24-hr day						
20. Residential Level III Unit: 24-hr day						
21. Residential Level IV Unit: 24-hr day						
22. Respite Services Unit: contact hour						
25. Supported Employment Unit: direct staff hour						
26. Supportive Housing/Living Unit: direct staff hour						
27. TASC Unit: direct staff hour	X	\$63.44			\$63.44	
28. Aftercare Unit: direct staff hour						
43. Aftercare - Group Unit: contact hour						
36. Room and Board w/Supervision Level I Unit: 24-hr day						
37. Room and Board w/Supervision Level II Unit: 24-hr day	X	\$155.61			\$155.61	
39. Room and Board w/Supervision Level III Unit: 24-hr day						
46. Recovery Support - Individual Unit: direct staff hour						
47. Recovery Support - Group Unit: contact hour						
48. Clinical Supervision for Evidence-Based Practices Unit: contact hour						
30. Information and Referral (No TANF) Unit: staff hour						
		Total Non-TANF =	\$1,485,453		Total Non-TANF =	\$997,104
		Total TANF =	\$132,919		Total TANF =	
		Tot Treatment & Aftercare Funds =	\$1,618,372		Tot Treatment & Aftercare Funds =	\$997,104

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2011 to 2012

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Substance Abuse			Children's Substance Abuse		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
Detoxification						
24. Substance Abuse Detoxification (No TANF) Unit: bed-day		\$204.94				
32. Outpatient Detoxification (No TANF) Unit: 4-hr day						
48. Clinical Supervision for Evidence-Based Practices Unit: contact hour		\$87.44			\$87.44	
			Total Non-TANF = \$301,626 \$301,626			Total Non-TANF = \$0 Total Detoxification = \$0
Prevention						
15. Prevention Unit: non-direct staff hour		\$43.20			\$43.20	
17. Prevention/Intervention - Day Unit: 4-hr day						
30. Information and Referral (No TANF) Unit: staff hour						
			Total Non-TANF = \$71,429 Total TANF = Total Prevention = \$71,429			Total Non-TANF = \$0 Total TANF = Total Prevention = \$0
Incidental Expenses						
28. Incidental Expenses Unit: each \$50 spent	X	\$50.00			\$50.00	
			Total Non-TANF = \$0 Total TANF = Total Incidental Expenses = \$0			Total Non-TANF = \$0 Total TANF = Total Incidental Expenses = \$0
			Total Non-TANF = \$1,858,408 Total TANF = \$132,919 Total Subst. Abuse Funds = \$1,991,327			Total Non-TANF = \$697,104 Total TANF = \$0 Total Subst. Abuse Funds = \$697,104

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2012 to 2013

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Date: 07/01/2011

Activity / Cost Center	Adult Mental Health			Children's Mental Health		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	3	4	5	6	7
Emergency Stabilization			602001			603001
03. Crisis Stabilization (No TANF)						
Unit: bed-day		\$291.24			\$291.24	
04. Crisis Support/Emergency						
Unit: staff hour	X	\$43.17			\$43.17	
09. Inpatient (No TANF)						
Unit: 24-hr day		\$456.00				
		Non-TANF=	\$1,638,336		Non-TANF=	\$332,302
		TANF =	\$30,000		TANF =	
		Tot. Emerg. Stabli. Support =	\$1,668,336		Tot. Emerg. Stabli. Support =	\$332,302
Recovery & Resiliency			602018			603013
18. Residential Level I						
Unit: 24-hr day						
Residential Level I Enhanced Rate						
Unit: 24-hr day						
19. Residential Level II						
Unit: 24-hr day						
Residential Level II Enhanced Rate for						
Unit: 24-hr day						
20. Residential Level III						
Unit: 24-hr day						
21. Residential Level IV						
Unit: 24-hr day	X	\$48.72				
35. Room and Board w/Supervision Level I						
Unit: 24-hr day						
37. Room and Board w/Supervision Level II						
Unit: 24-hr day	X	\$155.01			\$17.16	
38. Room and Board w/Supervision Level III						
Unit: 24-hr day	X	\$103.08				
39. Short-term Residential Treatment						
Unit: Bed-Day						
02. Case Management						
Unit: direct staff hour	X	\$63.21			\$63.21	
10. Intensive Case Management						
Unit: direct staff hour					\$72.21	
01. Assessment						
Unit: contact hour	X	\$85.01			\$85.01	
05. Day Care						
Unit: 4-hr day	X	\$50.30				
06. Day/Night						
Unit: 4-hr day	X	\$71.48			\$71.48	
11. Intervention - Individual						
Unit: direct staff hour						
42. Intervention - Group						
Unit: contact hour						
12. Medical Services (No TANF)						
Unit: contact hour		\$369.55			\$369.55	
14. Outpatient - Individual						
Unit: contact hour	X	\$91.08			\$91.08	
45. Outpatient - Group						
Unit: contact hour	X	\$22.77			\$22.77	
23. Sheltered Employment (No TANF)						
Unit: 4-hr day						
07. Drop-In/Self Help Centers (No-TANF)						
Unit: facility day						
08. In-Home and On Site						
Unit: direct staff hour	X	\$70.20			\$70.20	
15. Outreach						
Unit: non-direct staff hour	X	\$43.20				
16. Prevention						
Unit: non-direct staff hour	X	\$43.20				
17. Prevention/Intervention - Day						
Unit: 4-hr day						
22. Respite Services						
Unit: contact hour						
25. Supported Employment						
Unit: direct staff hour						
26. Supportive Housing/Living						
Unit: direct staff hour	X	63.44				

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2012 to 2013

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Mental Health			Children's Mental Health		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	4	6	7	9	11
29. Aftercare - Individual Unit: direct staff hour			602018		\$63.21	603013
43. Aftercare - Group Unit: contact hour						
30. Information and Referral (No TANF) Unit: staff hour						
40. Mental Health Clubhouse Services Unit: Clubhouse staff hour						
			Non-TANF = \$1,629,280 TANF = \$88,000 Total Recovery & Resiliency = \$1,897,280			Non-TANF = \$121,287 TANF = Total Recovery & Resiliency = \$121,287
Recovery & Resiliency - FACT Teams 34. FACT Teams (No TANF) Unit: staff hour			602018			
			FACT = Total FACT = \$0			
Recovery & Resiliency - Comprehensive Community Service Teams 44. CCST-Individual Unit: Staff Hour			602018			603013
45. CCST-Group Unit: Contact Hour						
			Non-TANF = TANF = Total CCST Services = \$0			Non-TANF = TANF = Total CCST Services = \$0
Recovery & Resiliency - Incidental Expenses 28. Incidental Expenses Unit: each \$50 spent			602018			603013
		\$50.00	Non-TANF = \$0 TANF = Total Incidental Expenses = \$0			Non-TANF = \$0 TANF = Total Incidental Expenses = \$0
			Total Non-TANF = \$3,467,626 Total TANF = \$98,000 Total Mental Health Funds = \$3,665,626			Total Non-TANF = \$453,689 Total TANF = \$0 Total Mental Health Funds = \$453,689

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2012 to 2013

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Substance Abuse			Children's Substance Abuse		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	3	4	5	6	7
Treatment and Aftercare			603007			602003
01. Assessment						
Unit: contact hour						
02. Case Management						
Unit: direct staff hour	X	\$53.21				
04. Crisis Support/Emergency						
Unit: staff hour	X	\$43.17			\$43.17	
05. Day Care						
Unit: 4-hr day						
06. Day/Night						
Unit: 4-hr day						
08. In-Home & On Site						
Unit: direct staff hour	X	\$70.20				
10. Intensive Case Management						
Unit: direct staff hour						
11. Intervention - Individual						
Unit: direct staff hour					\$87.44	
42. Intervention - Group						
Unit: Contact hour					\$14.71	
12. Medical Services (No TANF)						
Unit: contact hour		\$359.65				
13. Methadone Maintenance (No TANF)						
Unit: dosage						
14. Outpatient - Individual						
Unit: contact hour	X	\$91.09			\$91.09	
35. Outpatient - Group						
Unit: Contact Hour	X	\$22.77			\$22.77	
16. Outreach						
Unit: non-direct staff hour	X	\$43.20				
18. Residential Level I						
Unit: 24-hr day						
19. Residential Level II						
Unit: 24-hr day						
20. Residential Level III						
Unit: 24-hr day						
21. Residential Level IV						
Unit: 24-hr day						
22. Respite Services						
Unit: contact hour						
25. Supported Employment						
Unit: direct staff hour						
26. Supportive Housing/Living						
Unit: direct staff hour						
27. TASC						
Unit: direct staff hour	X	\$83.44			\$83.44	
29. Aftercare						
Unit: direct staff hour						
43. Aftercare - Group						
Unit: contact hour						
38. Room and Board w/Supervision Level I						
Unit: 24-hr day						
37. Room and Board w/Supervision Level II						
Unit: 24-hr day	X	\$155.61			\$155.61	
39. Room and Board w/Supervision Level III						
Unit: 24-hr day						
46. Recovery Support - Individual						
Unit: direct staff hour						
47. Recovery Support - Group						
Unit: contact hour						
49. Clinical Supervision for Evidence-Based Practices						
Unit: contact hour						
30. Information and Referral (No TANF)						
Unit: staff hour						
		Total Non-TANF =	\$1,485,453		Total Non-TANF =	\$697,104
		Total TANF =	\$132,919		Total TANF =	
		Tot Treatment & Aftercare Funds =	\$1,618,372		Tot Treatment & Aftercare Funds =	\$697,104

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2012 to 2013

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Substance Abuse			Children's Substance Abuse		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	3	4	5	6	7
Detoxification						
24. Substance Abuse Detoxification (No TANF)						
Unit: bed-day		\$204.94				
32. Outpatient Detoxification (No TANF)						
Unit: 4-hr day						
48. Clinical Supervision for Evidence-Based Practices						
Unit: contact hour		\$67.44			\$67.44	
		Total Non-TANF =	\$301,628		Total Non-TANF =	\$0
			\$301,628		Total Detoxification =	\$0
Prevention						
16. Prevention						
Unit: non-direct staff hour		\$43.20			\$43.20	
17. Prevention/Intervention - Day						
Unit: 4-hr day						
30. Information and Referral (No TANF)						
Unit: staff hour						
		Total Non-TANF =	\$71,428		Total Non-TANF =	\$0
		Total TANF =			Total TANF =	
		Total Prevention =	\$71,428		Total Prevention =	\$0
Incidental Expenses						
28. Incidental Expenses						
Unit: each \$50 spent	X	\$50.00			\$50.00	
		Total Non-TANF =	\$0		Total Non-TANF =	\$0
		Total TANF =			Total TANF =	
		Total Incidental Expenses =	\$0		Total Incidental Expenses =	\$0
		Total Non-TANF =	\$1,858,408		Total Non-TANF =	\$697,104
		Total TANF =	\$132,919		Total TANF =	\$0
		Total Subst. Abuse Funds =	\$1,991,327		Total Subst. Abuse Funds =	\$697,104

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2013 to 2014

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Date: 07/01/2011

Activity / Cost Center	Adult Mental Health			Children's Mental Health		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	3	4	5	6	7
Emergency Stabilization			602004			603001
03. Crisis Stabilization (No TANF)						
Unit: bed day		\$291.24			\$291.24	
04. Crisis Support/Emergency						
Unit: staff hour	X	\$43.17			\$43.17	
09. Inpatient (No TANF)						
Unit: 24-hr day		\$458.00				
		Non-TANF=	\$1,638,336		Non-TANF=	\$332,302
		TANF =	\$30,000		TANF =	
		Tot. Emerg. Stabil. Support =	\$1,668,336		Tot. Emerg. Stabil. Support =	\$332,302
Recovery & Resiliency			602018			603015
18. Residential Level I						
Unit: 24-hr day						
Residential Level I Enhanced Rate						
Unit: 24-hr day						
19. Residential Level II						
Unit: 24-hr day						
Residential Level II Enhanced Rate for						
Unit: 24-hr day						
20. Residential Level III						
Unit: 24-hr day						
21. Residential Level IV						
Unit: 24-hr day	X	\$49.72				
30. Room and Board w/Supervision Level I						
Unit: 24-hr day						
37. Room and Board w/Supervision Level II						
Unit: 24-hr day	X	\$155.61			\$17.16	
38. Room and Board w/Supervision Level III						
Unit: 24-hr day	X	\$103.08				
39. Short-term Residential Treatment						
Unit: Bed Day						
02. Case Management						
Unit: direct staff hour	X	\$63.21			\$63.21	
10. Intensive Case Management						
Unit: direct staff hour					\$72.21	
01. Assessment						
Unit: contact hour	X	\$85.91			\$85.91	
05. Day Care						
Unit: 4-hr day	X	\$30.30				
08. Day/Night						
Unit: 4-hr day	X	\$71.48			\$71.48	
11. Intervention - Individual						
Unit: direct staff hour						
42. Intervention - Group						
Unit: contact hour						
12. Medical Services (No TANF)						
Unit: contact hour		\$369.55			\$369.55	
34. Outpatient - Individual						
Unit: contact hour	X	\$91.09			\$91.09	
35. Outpatient - Group						
Unit: contact hour	X	\$22.77			\$22.77	
23. Sheltered Employment (No TANF)						
Unit: 4-hr day						
07. Drop-In/Self Help Centers (No-TANF)						
Unit: facility day						
06. In-Home and On Site						
Unit: direct staff hour	X	\$70.20			\$70.20	
15. Outreach						
Unit: non-direct staff hour	X	\$43.20				
16. Prevention						
Unit: non-direct staff hour	X	\$43.20				
17. Prevention/Intervention - Day						
Unit: 4-hr day						
22. Respite Services						
Unit: contact hour						
25. Supported Employment						
Unit: direct staff hour						
26. Supportive Housing/Living						
Unit: direct staff hour	X	\$3.44				

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2013 to 2014

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Mental Health			Children's Mental Health		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	4	6	7	9	11
			603018			603013
29. Aftercare - Individual Unit: direct staff hour					\$63.21	
43. Aftercare - Group Unit: contact hour						
30. Information and Referral (No TANF) Unit: staff hour						
40. Mental Health Clubhouse Services Unit: Clubhouse staff hour						
			Non-TANF = \$1,829,280 TANF = \$68,000 Total Recovery & Resiliency = \$1,897,280			Non-TANF = \$121,287 TANF = Total Recovery & Resiliency = \$121,287
Recovery & Resiliency - FACT Teams 34. FACT Teams (No TANF) Unit: staff hour			602018			
			FACT = Total FACT = \$0			
Recovery & Resiliency - Comprehensive Community Service Teams			602018			603013
44. CCST-Individual Unit: Staff Hour						
45. CCST-Group Unit: Contact Hour						
			Non-TANF = TANF = Total CCST Services = \$0			Non-TANF = TANF = Total CCST Services = \$0
Recovery & Resiliency - Incidental Expenses 28. Incidental Expenses Unit: each \$50 spent			603018			603013
	X	\$50.00				
			Non-TANF = \$0 TANF = Total Incidental Expenses = \$0			Non-TANF = \$0 TANF = Total Incidental Expenses = \$0
			Total Non-TANF = \$3,497,628 Total TANF = \$68,000 Total Mental Health Funds = \$3,565,628			Total Non-TANF = \$453,689 Total TANF = \$0 Total Mental Health Funds = \$453,689

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2013 to 2014

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Substance Abuse			Children's Substance Abuse		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	3	4	5	6	7
Treatment and Aftercare			603007			602003
01. Assessment Unit: contact hour						
02. Case Management Unit: direct staff hour	X	\$53.21				
04. Crisis Support/Emergency Unit: staff hour	X	\$43.17			\$43.17	
05. Day Care Unit: 4-hr day						
06. Day/Night Unit: 4-hr day						
08. In-Home & On Site Unit: direct staff hour	X	\$70.20				
10. Intensive Case Management Unit: direct staff hour						
11. Intervention - Individual Unit: direct staff hour					\$87.44	
42. Intervention - Group Unit: Contact hour					\$14.71	
12. Medical Services (No TANF) Unit: contact hour		\$309.55				
13. Medications Maintenance (No TANF) Unit: dosage						
14. Outpatient - Individual Unit: Contact hour	X	\$91.09			\$91.09	
35. Outpatient - Group Unit: Contact Hour	X	\$22.77			\$22.77	
15. Outreach Unit: non-direct staff hour	X	\$43.20				
18. Residential Level I Unit: 24-hr day						
19. Residential Level II Unit: 24-hr day						
20. Residential Level III Unit: 24-hr day						
21. Residential Level IV Unit: 24-hr day						
22. Respite Services Unit: contact hour						
25. Supported Employment Unit: direct staff hour						
26. Supportive Housing/Living Unit: direct staff hour						
27. TASC Unit: direct staff hour	X	\$63.44			\$63.44	
28. Aftercare Unit: direct staff hour						
43. Aftercare - Group Unit: contact hour						
33. Room and Board w/Supervision Level I Unit: 24-hr day						
37. Room and Board w/Supervision Level II Unit: 24-hr day	X	\$155.61			\$155.61	
38. Room and Board w/Supervision Level III Unit: 24-hr day						
46. Recovery Support - Individual Unit: direct staff hour						
47. Recovery Support - Group Unit: contact hour						
48. Clinical Supervision for Evidence-Based Practices Unit: contact hour						
30. Information and Referral (No TANF) Unit: staff hour						
		Total Non-TANF =	\$1,485,453		Total Non-TANF =	\$697,104
		Total TANF =	\$132,919		Total TANF =	
		Tot Treatment & Aftercare Funds =	\$1,618,372		Tot Treatment & Aftercare Funds =	\$697,104

STATE FUNDING BY PROGRAM & ACTIVITY
for Fiscal Year 2013 to 2014

Agency Name: LifeStream Behavioral Center, Inc.

Contract # PH204

Revision # Original Contract

Activity / Cost Center	Adult Substance Abuse			Children's Substance Abuse		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
	2	3	4	5	6	7
Detoxification						
24. Substance Abuse Detoxification (No TANF)			803006			602001
Unit: bed-day		\$204.94				
32. Outpatient Detoxification (No TANF)						
Unit: 4-hr day						
48. Clinical Supervision for Evidence-Based Practices						
Unit: contact hour		\$87.44			\$87.44	
Total Non-TANF =			\$301,526			\$0
			\$301,526			\$0
Prevention						
16. Prevention			803008			602002
Unit: non-direct staff hour		\$43.20			\$43.20	
17. Prevention/Intervention - Day						
Unit: 4-hr day						
30. Information and Referral (No TANF)						
Unit: staff hour						
Total Non-TANF =			\$71,429			\$0
Total TANF =						
Total Prevention =			\$71,429			\$0
Incidental Expenses						
28. Incidental Expenses			803009			602003
Unit: each \$50 spent	X	\$50.00			\$50.00	
Total Non-TANF =			\$0			\$0
Total TANF =						
Total Incidental Expenses =			\$0			\$0
Total Non-TANF =			\$1,858,406			\$697,104
Total TANF =			\$132,919			\$0
Total Subst. Abuse Funds =			\$1,991,327			\$697,104

INCIDENT REPORTING

1. PURPOSE

The purpose of this publication is to provide a written process for Circuit 5 employees, contracted providers and subcontracted service providers to report and file incident reports in Circuit 5. This procedure will also ensure that the Program Office, Network Administrators and staff, and whenever appropriate, the District Administrator, receive timely and adequate notice of incident reports so that appropriate follow-up can be monitored and consumer/client safety can be maintained. Through standardization and clarification of the definition of reportable events, and standardization of the reporting time-lines and procedures, this purpose can be accomplished.

2. REFERENCES

Circuit 5 staff and contracted providers are required to report and submit written incident reports as prescribed in CFOP 215-6 and as described in this document. Section K, 1, of the Florida Department of Children and Families standard contract requires service providers to participate in the Department's Incident Reporting System. The attached reporting form should be used when reporting incident reports.

3. SCOPE

- a. This procedure is meant to supplement, not replace, the incident reporting that is currently required by service providers serving Circuit 5 consumers/clients.
- b. This procedure applies to all Circuit 5 employees and service providers (including their subcontractors) serving consumers/clients.
- c. This procedure is not intended to replace the abuse, neglect, and exploitation report system or substitute for any other required report within the department or contracted agency.
- d. This procedure does not replace the investigation and review requirements provided for in CFOP 175-17, Child Death Review Procedures.

This Operating Procedure supersedes DOP 215-6 dated May 1, 1995

OPR: C5

DISTRIBUTION:

- e. This procedure does not include Workers Compensation reporting, vehicle accident reporting, reports of sexual harassment of employees, or the reporting of inappropriate employee action to the Inspector General's Office. These reports are covered by different procedures other than DOP 215-6.
- f. Circuit 5 program entities and service providers are expected to develop procedures to ensure the effective implementation of this procedure.
- g. This procedure does not require the reporter or recipient of this report to discriminate between ambiguous terms such as major incident, serious incident, significant event, and other previously used terms.
- h. With the exception of reportable death of consumer/client, death of employee, imminent death, sexual assault, suicide attempt of minor client in DCF custody, and media on-site, this procedure replaces the calling-in of incident reports with a written incident report which must be faxed or e-mailed directly to the designated office. Death, hospitalizations, and imminent death events must continue to be called-in using the procedure outlined below, and followed by a written report.

4. DEFINITIONS

Abuse/Neglect of Client by Employee: An allegation made to and accepted by the Florida Abuse Hotline regarding abuse/neglect or exploitation involving a client of the Department of Children and Families by an employee.

Abuse/Neglect of Client in Provider Care: An allegation of abuse/neglect which is reported and accepted by the Florida Abuse Hotline while client is in the physical care of a contracted provider or foster home.

Consumer/Client: Any individual who is enrolled with or receiving services from the District Seven, Department of Children and Families or any of the Department's contracted service providers.

Consumer/Client Altercation with Injuries: A physical confrontation occurring between a consumer/client and an employee, or two or more consumers/clients at the time services are being rendered, or when a client is in the physical custody of the department, which results in one or more consumers/clients or employees receiving medical treatment by a licensed health care professional.

Contracted Provider: Any individual or agencies managed by contract and/or evaluated by Circuit 5, Department of Children and Families.

Death of Employee: The death of any employee who dies while engaged in activities related to his or her job duties.

Elopement: The unauthorized absence of a client, child or adult, who is in the physical custody of the Department beyond a period of time defined by the relevant DCF Program Office.

Employee: Any person who is employed by Circuit 5, Department of Children and Families.

Employee Altercation: A physical confrontation occurring between an employee and a client, or between two or more employees.

Employee/Provider Disqualifying Offense: Any employee who is found guilty or entered a plea of guilty or nolo-contendere (no-contest), regardless of the adjudication, to possible disqualifying offenses that occurred while employed in a position subject to background screening as described in 435, Florida Statute.

Incident Report Form: Attachment I to this procedure must be used, either to supplement the forms being used by an agency or service provider, or to replace current forms.

Injury: Any client reported injury at a state service center. In addition, this category includes clients with injuries occurring while receiving services from a service provider that requires an outside medical contact (E.R., walk-in clinics, physician offices).

Media Involvement: Any physical presence of a reporter, any telephone contact from a news agency, or any potential media involvement of reports regarding consumers/clients of the Department of Children and Families or the Department's contracted provider agencies.

Medication Error: Any omission, substitution, overdose, enacted by a facility staff which results in consumer/client needing assistance from a health care professional, advice from the poison hot-line, EMT or hospital services. Other medication errors which do not require notification of the program office in this policy, must continue to be indicated in the client record at the facility, logged appropriately, and followed-up within the facility in accordance with medical standards for best practices.

Police Involvement: Any official involvement of an officer of the law with (1) any consumer/client (includes incidents of police involvement that occur on agency property or during a situation where a client is receiving direct services from the provider), or (2) any employees, staff, service providers when the concern involves a consumer/client, whether or not consumer/clients are present.

Reportable Death of Consumer/Client: The death of a consumer/client, who is currently receiving services from any service provider, in the presence of an employee; while in the physical custody of the department, or when a death review is required pursuant to CFOP 175-17 Child Death Review Procedure, due to or allegedly due to accident/injury, suicide, illness, abuse, neglect, unknown or natural causes. *This type of incident requires immediate verbal notification. For SAMH clients this requirement includes clients who have been discharged within the last 180 days. This does not include Medicaid recipients in nursing homes (unless death occurs as a result of abuse, neglect or exploitation).*

Serious Illness: A communicable illness considered to be a serious community health risk or a life-threatening illness. In addition, any illness that required an unplanned hospitalization.

Service Provider: Any person or agency, and their employees, subcontractors, and volunteers, who are licensed, certified, or contracted to provide services to consumer/clients of the Circuit 5, Department of Children and Families. This group includes but is not limited to: mental health treatment facilities, substance abuse treatment facilities, group homes, foster homes, supported living providers, adult day training facilities, community inclusion providers, supported employment providers, behavior analysts and assistants, therapists, Intermediate Care Facility for Developmentally Disabled (ICF/DD) support coordinators and case managers.

Sexual Assault of Consumer/Client: A sexual assault or alleged sexual assault of a consumer/client (while receiving services from a service provider) by an employee, service provider or another consumer/client, as evidenced by medical evidence or law enforcement involvement. This includes any sexual encounter between two or more consumers/clients where one of more of the individuals involved displays signs of distress regarding the encounter.

Sexual Assault of Employee by Consumer/Client: A sexual assault or alleged sexual assault of an employee by a consumer/client.

State Property Theft, Damage or Loss: In the event of theft or damage to state owned property, with an acquisition cost of \$1,000 or more (excluding vehicles), an incident report needs to be submitted to the program office. The program office will forward a copy to General Services, Attn: Property Office. Major state property damage due to acts of nature should be immediately reported to the DCF Property Administrator. In cases of theft, a copy of the Police Report also needs to be submitted. An insurance claim will then be processed by the DCF Property Administrator for reimbursement or write off of inventory. If a state vehicle was damaged, follow CFOP 40-2.

Suicide Attempt: An act which clearly reflects the physical attempt by a consumer/client to cause his or her own death while in the physical custody of the department or a departmental contracted or certified provider resulting in a bodily injury requiring medical treatment by a licensed healthcare professional.

Unusual Incidents (other): An unusual occurrence that jeopardizes or has the potential to jeopardize the health, safety, or welfare of the consumer/clients who are

receiving services; this might include, but is not limited to, natural disasters, bomb threats, floods, fires, facility problems which require evacuations, etc.

5. OPERATING PROCEDURES

a. Verbal Notification: Reportable death of consumer/client, death of employee, imminent death, sexual assault, suicide attempt of minor client in DCF custody, and media on-site, are the only reportable events which require verbal notification.

1. Verbal notification of the event must be made to the applicable Program Office, Network Administrator or designee. The Incident Report Form, Attachment I, should be used as a guide for providing pertinent information when reporting the event.
2. During working hours (Monday-Friday, 8:00a.m. to 5:00p.m.) verbal notification should be made directly to the Program Office, Network Administrator or designee.
3. If the event occurs during non-working hours, verbal notification should be given to the Program Office, Network Administrator or designee in accordance with after hour protocols.
4. Verbal notification is always followed immediately by a written Incident Report Form.
5. If the follow-up written report does not finalize the event in terms of status of consumer/client or corrective action, then a follow-up to the initial written report should be submitted to provide closure in district records.
6. The recipient of the verbal report (Program Office or Network Administrator) is responsible to immediately notify the Circuit Administrator's office and/or other designated parties.

b. Written Notification: All incident reports covered under Section 5(c) of this procedure require written notification.

1. A written report, using the Incident Report Form, must be submitted within 24 hours of the event. Preferably, the form should be submitted by the end of the working day or at the beginning of the next business day, following the event.
2. When completing the form, the person with first hand knowledge of the event should complete the form, or participate in completing the form. The information should focus on facts, not hearsay, and not speculation of blame or fault.
3. The report may be typed or printed. In either case, it must be legible.

4. Once completed, the Incident Report Form should be faxed or e-mailed to the applicable District Thirteen Program Office or Network Administrator.
 5. If the reporting party is an employee of the department, he or she will provide a copy to his/her supervisor. If the reporting party is an employee of a service provider, he/she will follow the service provider's event reporting procedures.
 6. If the initial written report does not finalize the event in terms of status of consumer/client or corrective action, then a follow-up to the initial written report should be submitted to provide closure in district records.
 7. The designated recipient will be responsible for forwarding a copy of the applicable incident report to the DCF liaison for the Local Advocacy Councils (LAC). This reporting is required for all incident reports involving a client of the Department who receives services from the department or any of the Department's service providers, or if the service is licensed or monitored by the Department. Reports of injury or death of employees do not need to be forwarded to the LACs unless a client or a client's service provider of the employee is included in the circumstances.
 8. The recipient of the written report is responsible to notify the Circuit Administrator's (CA) Office, other designated internal parties, and the State Program Office if required for that program.
- c. Table of Reporting Procedure Timelines: The following table summarizes the expectations for reporting events, including type of report, recipient of report, and timelines for report submission.

INCIDENT	TYPE OF REPORT	REPORT DEADLINE	RECIPIENT OF REPORT	DCF INTERNAL DISTRIBUTION	FOLLOW-UP REQUIRED YES / NO
Abuse/Neglect of Client by Employee	Written incident report form	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Limited CA office notification by recipient	
Abuse/Neglect of Client in Provider Care	Written incident report form	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Internally as appropriate	
Consumer/Client Altercation with injuries	Written incident report form	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Internally as appropriate	
Death of Employee	Verbal, followed by written	immediate verbal; written by end of day, beginning of next business day	Program Office or Network Administrator	CA's office and Human Resources notified by recipient.	
Elopement	Written incident report form	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Internally as appropriate	If initial report is sent while consumer/client is still missing, service provider must follow-up with written report when found.
Employee Altercation	Written incident report form	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Human Resources notified by recipient.	

<u>INCIDENT</u>	<u>TYPE OF REPORT</u>	<u>REPORT DEADLINE</u>	<u>RECIPIENT OF REPORT</u>	<u>DCF INTERNAL DISTRIBUTION</u>	<u>FOLLOW-UP REQUIRED YES / NO</u>
Employee/ Provider Disqualifying Offense	Written incident report form	written within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Human Resources, notified by recipient of employee incident only.	
Injury	Written incident reporting form, unless death is imminent, then verbal is needed	Immediate verbal if death imminent, otherwise written by end of day, beginning of next business day	Program Office or Network Administrator	The recipient sends a copy of all client injury reports at a State Service Center, to General Services. CA's office notified by recipient if death is imminent.	Remember to provide final written report to provide closure to the event in district records.
Media Involvement	Written incident report form	Immediate verbal if media on-site; written within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	CA's office notified by recipient.	
Medication Error	Written incident report form	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Internally as appropriate	Service Provider must provide final written report to provide closure to the event in district records.

<u>INCIDENT</u>	<u>TYPE OF REPORT</u>	<u>REPORT DEADLINE</u>	<u>RECIPIENT OF REPORT</u>	<u>DCF INTERNAL DISTRIBUTION</u>	<u>FOLLOW-UP REQUIRED YES / NO</u>
Police Involvement	Written incident report form	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Internally as appropriate	Remember to provide final written report to provide closure to the event in district records.
Reportable Death of Consumer/Client	Verbal, followed by written	immediate verbal; written by end of day, beginning of next business day	Program Office or Network Administrator	The recipient notifies the CA's office and Human Resources of death by unnatural cause.	
Serious Illness	Written incident reporting form, unless death is eminent, then verbal is needed	immediate verbal if death imminent, otherwise written by end of day, beginning of next business day	Program Office or Network Administrator	CA's office notified by recipient if death is imminent.	
Sexual Assault of Consumer/Client	Verbal, followed by written	Immediate verbal; within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Internally as appropriate	Remember to provide final written report to provide closure to the event in district records.
Sexual Assault of Employee by Consumer/Client	Verbal, followed by written	immediate verbal; within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Human Resources and CA's office notified by recipient.	Remember to provide final written report to provide closure to the event in district records.

INCIDENT	TYPE OF REPORT	REPORT DEADLINE	RECIPIENT OF REPORT	DCF INTERNAL DISTRIBUTION	FOLLOW-UP REQUIRED YES/NO
State Property Theft, Damage or Loss	Written incident report form	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	The recipient sends a copy to General Services. General Services notifies CA's office and Central Office.	
Suicide Attempt	Written incident report form, Verbal notice if attempt was by a minor client in custody of DCF	written within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Internally as appropriate	Remember to provide final written report to the event in district records.
Unusual Incidents (Other)	Written incident report form; depending on the seriousness or type of event, if the program office can have any immediate impact, a call to the program administrator is advisable	within <u>24</u> hours of event; if possible by end of day, beginning of next business day	Program Office or Network Administrator	Internally as appropriate	Remember to provide final written report to the event in district records.

*Reference Section 7 of this procedure for LAC reporting requirements.

- d. Database of incidents: Each Program Office and Network Administrator is responsible for entering incident reporting information into the district database. The database will allow for all offices to share incident information. The information will be electronically forwarded to the Circuit's Mission Support and Performance Office on a monthly basis. The Circuit's Mission Support and Performance Office will prepare a monthly report of patterns and trends of incidents. These reports will be analyzed with proposed improvement efforts at the Performance Management Group meeting.

Attachment 1: Incident Report Form

Attachment 1 of Exhibit I
Florida Department of Children and Families
Circuit 5

Incident Report Form

This document is subject to confidentiality requirements and should be handled accordingly.

Section 1 Background Information

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Name of Provider/Program Area/Facility: _____

County: _____

Type of Incident:

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Abuse/Neglect of Client by Employee | <input type="checkbox"/> Medication Error |
| <input type="checkbox"/> Abuse/Neglect of Client in Provider Care | <input type="checkbox"/> Police Involvement |
| <input type="checkbox"/> Consumer/Client Altercation with Injuries | <input type="checkbox"/> Reportable Death of Consumer/Client |
| <input type="checkbox"/> Death of Employee | <input type="checkbox"/> Serious Illness |
| <input type="checkbox"/> Elopement | <input type="checkbox"/> Sexual Assault of Consumer/Client |
| <input type="checkbox"/> Employee Altercation | <input type="checkbox"/> Sexual Assault of Employee by Consumer/Client |
| <input type="checkbox"/> Employee/Provider Disqualifying Offense | <input type="checkbox"/> State Property Theft, Damage or Loss |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Media Involvement | <input type="checkbox"/> Unusual Incidents (Other) |

-- Identifying Information --

	Names (First, Last) of Participant(s) and Witness(es) FAHIS Report # (if applicable)	DOB	Race	Sex	Client Status / Employee Title	Participant (P) or Witness (W)
1						
2						
3						
4						

Summary of Events: Describe the incident in detail (use extra pages if necessary)

Section 2 Action Plan/Referral Information

Is follow-up action needed? _____ Yes _____ No Specify: _____

Planned Corrective Actions/Countermeasures:

Indicate all disciplinary, personnel or corrective actions planned or taken, along with date of action

Law Enforcement Notified: _____ Yes _____ No Which Law Enforcement Agency(ies)? _____

Other Contacts/Notifications: _____

Reporting Employee: _____
(print name)

Reporting Employee: _____ Title: _____
(signature)

Date & Time of Report _____ Telephone Number: _____

Supervisor: _____ Telephone Number: _____
(signature)

The report form must be filled out completely, with as much detail as possible. The following is a list of minimum data elements required when using an existing report form (other than the standard District 7 Report Form):

1. Name of provider/program office/facility
2. Name and title of person filling out report
3. Phone number of person filling out report
4. Type of incident (employee or client related, Serious Injury, death, felony arrest of employee, other)
5. Detailed summary
6. Actions planned/taken
7. Name and signature of supervisor (if appropriate)
8. Individuals notified

Section 1. Please fill in the date and time of incident. Check what type of incident (check all that apply). Fill out identifying information. Write a summary of events and incident details in the space provided (use additional sheets if necessary).

Section 2. Please indicate if a follow-up action is needed. Indicate what actions are/have been taken to correct or handle the incident. This includes any disciplinary, personnel or other corrective actions. Also include the date of the actions or the date of proposed actions.

Indicate whether law enforcement was notified and which agency(ies), such as: County Sheriff, FHP, and City Police and who the contact person is (if known). Also indicate all other notifications, such as: media, parent/guardian, abuse registry, etc.

Include the reporting employee's name, title, date/time of report, and signature of supervisor. This person should be familiar with the details of the incident and be available for questions.

Missing Children

The provider agrees when services are for children who are adjudicated dependent where the care of the child is assigned to the department or provider, to follow the procedures outlined in Rule 65C-30.019, F.A.C. and Rule 65C-29.013, F.A.C. and in Children and Families Operating Procedure (CFOP) 175-85, entitled "Prevention, Reporting, and Services to Missing Children". The provider will perform the departmental functions as described in Rule 65C-30.019, F.A.C. and CFOP 175-85 which correspond to the functional role of this contract. The provider also agrees when services for children are community based and the child involved is not adjudicated dependent, to comply with all licensing and contracting requirements.

1. Definitions

- a. Designee - a person, contractual provider or other agency or entity named by the department.
- b. Exigent Circumstances - situations that require immediate actions, such as the child is under the age of thirteen, believed to be out of the zone of safety for their age and development, mentally incapacitated, in a life threatening situation, in the company of others who could endanger their welfare or is absent under circumstance inconsistent with established behaviors.
- c. FDLE-MCIC - Florida Department of Law Enforcement-Missing Children's Information Center.
- d. Family Services Counselor - a professional position responsible for case management for children placements. The term includes Department of Children and Families staff and staff working for an agency named as a designee.
- e. Missing Child - a person who is under the age of 18 years; whose location has not been determined; is currently placed in an out-of-home care setting; court order in-home placement; or is the subject of an active abuse investigation in which the child has been sheltered, would have been sheltered if their location had become known, or who was in the physical custody of the department or a provider when they went missing; and who has been or will be reported as missing to a law enforcement agency.

2. Reporting Missing Children

- a. The provider agrees to immediately notify the family services counselor(s), their supervisor, and/or the CBC Lead agency, and the legal guardian to ensure that they are fully aware of the circumstances involving a missing child.
- b. The provider shall ensure and document that the family services counselor(s), their supervisor, and/or the CBC Lead agency have assumed responsibility for taking all required steps to recover the missing child and are fully engaged.
- c. The provider agrees to instruct caregivers, including relative and non-relative caregivers, and all other staff that might be required to report a child as missing to local law enforcement to immediately undertake the following activities, as applicable, and document all actions and activities related to any efforts made to report and/or locate any child who is determined to be missing from their care or supervision:

- d. If exigent circumstances exist, the caregiver, family services counselor, or until the family services counselor is engaged, the provider employee, who has identified that a child is missing from their care or supervision shall immediately call local law enforcement as soon as a determination has been made that a child is missing and they shall request that the responding office:

(1) Take a report of the missing child.

(2) Assign a case number to the missing child report and provide the case number back to the caregiver or person who is reporting the child missing.

(3) Provide local law enforcement with a recent high quality photo of the child, or provide local law enforcement with a recent high quality photo when one becomes available.

(4) Request that a copy of the police report be provided to the family services counselor once a police report becomes available.

(5) If the responding law enforcement officer refuses to take a missing child report, for any reason, the individual attempting to report the child as missing will document the officer's name and specific local law enforcement agency name and request to speak to the law enforcement agency Watch/Shift Commander. If the law enforcement agency Watch Commander refuses to take a missing child report and it is a caregiver that is attempting to report the child as missing, the caregiver will immediately contact the family services counselor or on-call staff and provide them with all information related to local law enforcement not issuing a missing child report. Once the family services counselor or on-call staff have learned that a local law enforcement agency will not issue a missing child report they will immediately seek assistance from the local area Community Based Care (CBC) Child Location Specialist or the Department of Children and Families Regional Criminal Justice Services Coordinator on resolving any issue related to reporting the child as missing to local law enforcement.

(6) If it is a caregiver who has reported the child as missing to local law enforcement or attempted to report a child as missing to local law enforcement, they shall immediately notify the child's family services counselor or emergency on-call staff and provide them with the following information:

(a) The law enforcement agency name that the child was reported as missing to or attempted to be reported as missing to;

(b) The law enforcement missing child case number if one was issued by local law enforcement;

(c) A copy of the law enforcement report when one is made available;

(d) Detailed information on the child's overall state of mind and behavior prior to the child going missing;

(e) Detailed description of what the child was last seen wearing;

- (f) Detailed information on possible locations that the child might be going to; and
 - (g) Detailed information on any individuals that the child might be traveling with.
- e. If exigent circumstances do not exist, the caregiver, family services counselor, or other provider staff will within the first four (4) hours of learning that a child might be missing check to see what, if any, of the child's personal belongings are missing or if the child left a note; and, the caregiver, family services counselor, or other provider staff (if the family services counselor is not yet engaged), will:
 - (1) Contact the following persons as appropriate to ascertain if the child has been seen, or has given any indications that may explain the child's missing status:
 - (a) School/child's teachers and school resource officer;
 - (b) The child's relatives/parents, both local and non-local, if appropriate, and the caregiver has the means for such contact;
 - (c) Any friends or places that the child generally frequents, the local runaway shelter, if there is one in the community; and,
 - (d) The child's employer, if applicable.
 - (2) Write down any information gathered that might help locate the child.
 - (3) Provide telephone/beeper numbers and ask for the individuals above to call back and share information if they have further information or see the child.
- f. If at any time during the initial four (4) hour search for the child, if the caregiver, family services counselor, or any other provider employee (if the family services counselor is not yet engaged), becomes concerned about the immediate safety and well-being of the child, or the child's location remains unknown after four (4) hours from the time that the caregiver, family services counselor, or provider employee learned that the location of the child was unknown, they shall immediately call local law enforcement and they shall follow the steps outlined in Section 2.a., above.
- g. If at any time, the child is located or returns to the caregivers home after law enforcement has been notified of the missing child case, all law enforcement agencies and other agencies that were notified of the missing child episode must be contacted immediately by the caregiver, family services counselor, or other provider employee who made the report. If at any time new information is obtained on a possible location of the missing child, the caregiver, family services counselor, or any other employee of the provider shall immediately contact all law enforcement agencies and other agencies that were notified of the missing child episode as to the possible location of the child. If the Family Services Counselor has been engaged, the provider shall also inform them and the legal guardian of the new information once law enforcement has been notified.

- h. All of the department's documentation related to the missing child episode shall be completed and entered into the department's approved missing child reporting system within one working day of the family services counselor, on-call staff, or Community Based Care (CBC) Child Location Specialist learning of a missing child episode regardless of whether local law enforcement has issued a missing child report number. This includes the uploading of a recent high quality photograph of the child into the department's approved missing child reporting system. If local law enforcement has refused to issue a missing child report a dummy local law enforcement case number of 00000 and the name of the local law agency that refused to issue the missing child report shall be used to complete and enter the missing child episode into the department's approved missing child reporting system.

FORENSIC MENTAL HEALTH SERVICES

PURPOSE:

Forensic Mental Health Services are those provided to individuals with mental illnesses pursuant to Chapter 916, Florida Statutes, (F.S.).

ELIGIBILITY:

These are individuals who have been court ordered for an evaluation or who have been committed to the Department of Children and Families under the provisions of Chapter 916, F. S., by one of the state's twenty (20) Circuit Courts. Specifically, these are individuals who have received an Order for Evaluation of Competency or Sanity or have been adjudicated as Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI) due to mental illness.

PROVIDER RESPONSIBILITIES:

1. Designate a Forensic Specialist, and other staff as required to fulfill the terms of this contract. These staff will work on forensic mental health issues and with forensic mental health clients.
2. Monitor individuals with mental illnesses in jail at risk for commitment to the department pursuant to Chapter 916, F.S. Advise the court evaluators and the attorneys of treatment alternatives for appropriate felony offenders including civil diversion and conditional release. Monitor the progress of persons in jail and/or community-based competency programs.
3. Maintain close working relationships with local jail mental health personnel to coordinate services and address mental health issues involving the department and local mental health and substance abuse providers. Maintain a copy of current jail medication formularies and provide the State Mental Health Program Office with copies for distribution to the state mental health treatment facilities.
4. Maintain close working relationships with the judicial assistants in the circuit, the Office of the Public Defender, the Office of the State Attorney and the Clerk of the Court's Office. Develop a system for early notification of orders appointing experts and orders of commitment.
5. Attend all scheduled court hearings involving individuals with mental illnesses adjudicated or at risk of being adjudicated Incompetent to Proceed or Not Guilty by Reason of Insanity, including the determination of competency hearings. Be prepared at the hearing to discuss alternative dispositions. Notify the circuit Adult Mental Health Forensic Coordinator, in a timely manner, when unable to attend a court hearing.
6. Assist the judicial system by tracking each completed Incompetent to Proceed or Not Guilty By Reason of Insanity commitment packet through the Clerk's Office and on to the Forensic Admission Coordinator in the State Mental Health Program Office. Intervene as necessary to ensure the packet moves through the process in a timely manner.
7. Alert the circuit Adult Mental Health Forensic Coordinator to any potential legal issues such as incorrect or improper orders to allow for appropriate and timely intervention by circuit legal staff.
8. Participate, upon request, in the state treatment facility's development of the psychosocial assessment and the service/treatment plan.

9. Provide the state treatment facility(s) service/treatment teams with all available community information required to assist with the individual's treatment.
10. Conduct a minimum of quarterly face to face meetings with individuals at the state forensic treatment facility(s) and civil step-down treatment facility(s). Provide the circuit SAMH Office with quarterly visit reports to include a minimum of the discharge status of each individual, identified barriers to discharge and plans for assisting the individual and the service/treatment team in overcoming barriers to discharge. Record each visit by writing a note in the individual's treatment facility record/ward chart.
11. Work closely with the individual, interested family members when authorized, the treatment facility service/treatment team, local mental health provider agency staff, the circuit SAMH Office and placement sites to locate appropriate community placements and arrange for needed aftercare services for individuals determined appropriate for discharge. Intervene when necessary to resolve issues among stakeholders to ensure the process moves forward in a timely manner.
12. Assist the treatment facilities and appropriate court personnel in the development of conditional release plans. Attend all conditional release hearings. Ensure continuity of care by assisting with the coordination of transportation of the individual from the jail or treatment facility to the placement identified in the conditional release order on the date prearranged with the placement site. Ensure the State Mental Health Program Office receives a copy of the conditional release order and all subsequent orders of continuance, modification, revocation or termination.
13. Track all individuals on conditional release and provide the circuit SAMH Office and the State Mental Health Program Office with an updated conditional release list quarterly. Ensure the Mental Health Program Office receives a copy of the conditional release order and all subsequent orders of continuance, modification, revocation or termination.
14. Work with the circuit Forensic Coordinator to facilitate proposed out-of-circuit placements, coordinating with counterparts in the receiving circuit to ensure continuity of care.
15. Upon receipt of the notification from a state treatment facility of an individual being found Competent to Proceed:
 - a. Coordinate with appropriate court personnel to secure, within thirty (30) days of the date of notification, a transportation date from the Sheriff's Department or contract transportation provider;
 - b. Notify the Mental Health Program Office of the pick-up transportation date within twenty-four (24) hours or the next business day; and
 - c. Ensure that any special needs of the individual are known to local forensic staff (circuit and provider), and communicated to the local jail by the state treatment facility.
16. Upon return of a competent individual to jail and immediately after the first competency hearing date, ensure that a community Case Manager is assigned to facilitate follow-up services, if applicable.
17. Work closely with the state forensic and civil treatment facility(s), the circuit SAMH Office, local mental health providers, crisis stabilization units (CSU) and the Courts to ensure the appropriate and timely disposition individuals not found competent within five years.

18. Provide or ensure the provision of information to the Courts and the attorneys pertaining to the individual's treatment in the state treatment facility(s), as requested.
19. Provide community evaluators, treatment facility staff, and the Courts and attorneys information regarding housing options such as Adult Living Facilities (ALF's), group homes, family care homes, apartments, etc, for forensic and/or prospective individuals.
20. Attend and participate in statewide forensic meetings and conference calls to remain current on issues, activities, and trends affecting forensic individuals or other local meetings as requested by the circuit SAMH Office.
21. Assist with the forensic system training program offered by the SAMH Program Office/treatment facilities when scheduled in the circuit.
22. Obtain a certification of attendance from the Florida Forensic Examiner Training presented by the Louis de la Parte Florida Mental Health Institute within one (1) year of employment.
23. Develop, maintain and update, as needed, a directory of all mental health services and providers in the area.
24. Inform the State Mental Health Program Office of necessary changes to the Directory of Mental Health Services in Florida County Jails.
25. With regards to Rule 65E-15 Florida Administrative Code (F.A.C.), the following responsibilities are specific to the Forensic Specialist position:
 - a. The assessment, Rule 65E-15.051(9)(a), F.A.C., and the service/treatment planning, Rule 65E-15.051(9)(b), F.A.C, components will be developed in conjunction with the state treatment facility staff.
 - b. When an individual is placed on conditional release, the Forensic Specialist will transfer the individual's case to a Community Case Manager. The Community Case Manager will coordinate services and provide the Court with routine progress reports as required by the conditional release order Rule 65E-15.051(14), F.A.C. The Forensic Specialist will accompany the Case Manager to all hearings regarding individuals on conditional release.
26. The Forensic Specialist will be consulted regarding any apparent conditional release violation. Provider staff will be responsible for notifying the Court of any conditional release violations via affidavit or sworn statement per s. 916.17(2), F.S. They will also notify the circuit Forensic Coordinator.

REPORTING REQUIREMENTS:

1. Track and report monthly the release plan status of all forensic individuals referred by the forensic and/or civil treatment facility(s).
2. Track and report monthly the following diversions:
 - a. Number of individuals with severe and persistent mental illnesses who are diverted from the forensic system prior to commitment;
 - b. Number of individuals with severe and persistent mental illnesses who are diverted from the forensic system after commitment, but prior to admission.
 - c. Number of individuals served.

Community PREVENTION

SAMH Service Program

Service Title	CSAP Code	Strategy	Preferred Entity	Description	Service Count	Count Code	Is this service in support of your Community Action Plan? Y/N	Notes
					NOTE: The # of staff involved & the # of staff hours may be requested as an ad hoc report.			
Health Promotion	STN03	Information Dissemination	Service Provider Coalition	These activities address the indirectly ATOD related risk and protective factors in a community, e.g., promoting good nutrition, healthy relationships, stress reduction, displays at community events, etc.	# of participants/attendees # of activities	S		
Prevention Information Clearinghouse	STN01	Information Dissemination	Service Provider Coalition	Activities related to a central repository and dissemination point for current, factual, and culturally competent written and audiovisual information and materials regarding substance use and abuse.	# of visitors (duplicated count) # of resource centers (per KIT info)	S		
Speaking Engagements	STN17	Information Dissemination	Service Provider Coalition	<input type="checkbox"/> Community awareness on local risk and protective factors <input type="checkbox"/> Community awareness on local prevention resources <input type="checkbox"/> Community awareness on	# of Attendees # of speaking engagements	S		

NOTE:

The Count code indicates whether an event is a single event or a recurring event
 Single events are separate from others; individual and distinct
 Recurring events happen regularly or frequently in a prolonged and closely spaced series
 Single events count attendees; recurring events count participants

Community PREVENTION

				local prevention services gaps <input type="checkbox"/> Community awareness on local prevention accomplishments <input type="checkbox"/> Community awareness of local drug problems.					
Prevention media message development	STN08	Information Dissemination	Service Provider Coalition	Activities related to the development of a media message or campaign, the message is usually less than five minutes long, e.g., television and radio Public Service Announcements, no-cost newspaper ads, billboard ads, theater slide shows.	# of staff # of staff hours # of original PSAs developed (per KIT info)	S			
Disseminating electronic media	STN14	Information Dissemination	Service Provider Coalition	Activities related to the appearance of the media messages in the community.	# of messages disseminated (unduplicated count) # of people viewing the message (use census if needed)	S			
Prevention print material development (not newsletters) <u>Drop Down List:</u> Brochures Flyers Fact Sheets Posters Pamphlets Other (w/ text box to specify)	STN05	Information Dissemination	Service Provider Coalition	Activities related to the design and production of written materials to inform community members about the effects of substance abuse and local provider and/or coalition activities, e.g., brochures, flyers, fact sheets, posters, pamphlets, etc.	# of activities (track by type) # of original printed materials developed (per KIT info)	S			
Disseminating Print material (not	STN11	Information Dissemination	Coalition Service	Activities for the purpose of distributing printed substance	# of people receiving the information	S			

NOTE:

The Count code indicates whether an event is a single event or a recurring event
 Single events are separate from others; individual and distinct
 Recurring events happen regularly or frequently in a prolonged and closely spaced series
 Single events count attendees; recurring events count participants

7/01/2011

Community PREVENTION

SAMH Service Program

newsletters	STC08	Education & Training	Provider	abuse prevention materials	# of printed material (per KIT info)	# of participants (track by type)	# of technical assistance activities
Prevention Technical Assistance <u>Drop Down List:</u> <i>Understanding Prevention Program Evaluation Data Interpretation Other (w/ text box to specify)</i>	STC08	Education & Training	Service Provider Coalition	Activities intended to strengthen a community organization's or individual preventionist's capabilities and skills for providing high quality prevention services, including assistance on understanding prevention, program planning, evaluation, program planning, data interpretation, etc.		S	
Prevention Training <u>Drop Down List:</u> <i>Information Skill Development</i>	STC06	Education & Training	Service Provider Coalition	Activities that present information or develop skills related to improving the readiness of the local community to support substance abuse prevention or to improve the quality of the local substance abuse prevention workforce.		S	
Training curriculum development	STN06	Education & Training	Service Provider	This activity is the development of training curriculum and materials on substance abuse prevention related topics. The training topics should be related to the prevention needs of the community.	# of staff # of staff hours # of original curricula developed (per KIT info)	S	
Volunteer coordination <u>Drop Down List:</u> <i>Coordination Training Supervision</i>	STC03	Community Process	Service Provider	This activity allows staff to coordinate, train, and supervise volunteers who are conducting substance abuse prevention activities.	# of staff # of staff hours # of activities by type # of volunteers # of volunteer hours	S	
Community resource directory development &	STN09	Information Dissemination	Coalition Provider in	Activities related to the development and updating of a	# of activities	S	

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 Rev.07/01/2011
 LifeStream Behavioral Center, Inc.

 Exhibit L
 Contract Page No. 123

 PSMAL HC02
 Contract No. PH204

7/01/2011

Community PREVENTION

SAMH Service Program

maintenance			the absence of a coalition	community directory of substance abuse- and other behavioral health-related resources			
Community resource directory dissemination <i>Drop Down List:</i> 3-5 text boxes to list those types of organizations receiving the directories	STN15	Information Dissemination	Coalition Provider in the absence of a coalition	Activities related to the effective dissemination of a community directory.	# of directories distributed # of activities # of people impacted by the strategy	S	
Newsletter development	STN07	Information Dissemination	Coalition Service Provider	Gathering information, formatting and producing an organizational newsletter.	# of newsletters developed	S	
Newsletter dissemination	STN13	Information Dissemination	Coalition Service Provider	Activities related to the distribution of an organizational newsletter.	# of people receiving the newsletter # of newsletters disseminated (per kit info)	S	
Other prevention activities/ services: Recognition	STC05B	Community Process	Coalition Provider	Activities that recognize the contribution of local individuals and groups to the prevention of substance abuse.	# of activities	S	
					NOTE: The # of staff involved & the # of staff hours may be requested as an ad hoc report.		
Community/Coalition Support							
Coalition/Community Team Participation	STC04	Community Process	Provider	Service provider participation in coalition or community team meetings and other events; non leadership participation	# activities	S	
Coalition/Community	STC05A	Community	Provider	Activities conducted by service	# activities	S	

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 Rev.07/01/2011
 LifeStream Behavioral Center, Inc.

 Exhibit L
 Contract Page No. 124

 PSMAL HC02
 Contract No. PH204

7/01/2011

Community PREVENTION

SAMH Service Program

Team Support: community awareness <u>Drop Down List:</u> Media Development Presentation material Other (w/ text box to specify)	Process		provider staff in support of a coalition sponsored community awareness initiative, e.g., activities related to a media campaign, development of presentation material, etc.				
Coalition/Community Team Support: Needs & Resource Assessment	Community Process	STC02	Activities conducted by service provider staff in support of a coalition needs assessment and resource assessment, e.g., data gathering, report writing, data analysis, etc.	# of activities # of assessments conducted (per kit info)	S		
Coalition/Community Support: environmental strategies	Community Process	STV01A	Activities conducted by provider staff in support of a coalition-driven environmental initiative, e.g., representing (not just attending) public policy making meetings, developing materials, making presentations on behalf of the coalition.	# of staff involved # of staff hours # of attendees (*per kit info)	S		
Coalition Capacity Building <u>Drop Down List:</u> Assessment Coalition Building Strategic Planning Progress Monitoring Other (w/ text box to specify)	Community Process	STC05	Activities to build the membership of a coalition or build the capacity of that membership to conduct the steps of the Strategic Prevention Framework: Assessment, Coalition Building, Strategic Planning, Progress Monitoring	# of activities	S		
Coalition coordination <u>Drop Down List:</u> Meeting coordination Record Keeping Communication	Community Process	STC05D	Basic organizational activities to assure a sustained coalition effort, e.g., meeting coordination, record keeping, communication, etc.	# of activities	S		

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Rev.07/01/2011

LifeStream Behavioral Center, Inc.

Exhibit L

Contract Page No. 125

PSMAI HC02

Contract No. PH204

7/01/2011

Community PREVENTION

SAMH Service Program

Other (w/ text box to specify)									
Community needs assessment	STC02B	Community Process	Coalition	Activities related to developing a written understanding of the substance abuse prevalence and related risk and protective factor profile of the local community.	# of activities	S			
Community resource assessment	STC01	Community Process	Coalition	Activities related to developing a written understanding of the prevention resources of a community.	# of activities	S			
Coalition/Community Team Support: Strategic Planning <u>Drop Down List:</u> <u>Meeting Participation</u> <u>Plan Writing</u> Other (w/ text box to specify)	STC10	Community Process	Provider	Activities conducted by provider staff in support of a coalition's community-level strategic planning for substance abuse prevention, e.g., participating in meetings, plan writing, etc.	# of activities	S			
Community-wide Awareness	STN16	Information Dissemination	Coalition or Provider	Activities directed to the community at large or other large community subgroups and across multiple sectors – this activity is not classroom drug education – and is mostly the conveyance of information about the community drug problem, the community risk and protective factor profile, community norm information about priority prevalence or risk or protective factor issues, community resources, the coalition's strategic plan, and progress being made toward strategic goals.	# of educational activities # of people in the community # of participants at the meetings # of people impacted by the strategy	S			

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 Rev.07/01/2011
 LifeStream Behavioral Center, Inc.

 Exhibit L
 Contract Page No. 126

 PSMAL HC02
 Contract No. PH204

7/01/2011

Community PREVENTION

SAMH Service Program

Consultation on organizational environmental strategies	STV01B	Environmental Strategies	Provider	Activities that provide guidance to a community group or coalition to maximize the development of and/or enforcement of healthy substance abuse norms and standards.	# of activities # of attendees (per KIT info)	S		
Environmental Strategies related to underage alcohol sales prevention <i>Drop Down List:</i> <i>Placement of legally required signs in bars, restaurants, stores, or other establishments</i> <i>Education of retailers and law enforcement</i> <i>Other (w/ text box to specify)</i>	STV03	Environmental Strategies	Provider	Activities intended to prevent the sale of alcoholic beverages to minors, to track activities such as the placement of legally required signs in bars, restaurants, stores, or other establishments regarding the dangers of alcohol use, or efforts to educate retailers and law enforcement personnel about these issues, e.g., retail outlet server and management education, working with Division of Alcoholic Beverage and Tobacco field agents to monitor underage sales, etc.	# of activities broken down by type # of attendees (per KIT info)	S		
Environmental strategies related to illegal drug abuse prevention <i>Drop Down List:</i> <i>Establish neighborhood watch programs making drug trafficking an enforcement priority</i> <i>Establishing a drug court</i> <i>Other (w/ text box to specify)</i>	STV01C	Environmental Strategies	Provider	Activities intended to prevent the use and trafficking of illegal drugs, e.g., working with local law enforcement and neighborhoods to establish neighborhood watch programs, making drug trafficking an enforcement priority, establishing a drug court, etc.	# of activities # of attendees (per KIT info)	S		

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 Rev.07/01/2011
 LifeStream Behavioral Center, Inc.

 Exhibit L
 Contract Page No. 127

 PSMAL HC02
 Contract No. PH204

7/01/2011

Community PREVENTION

SAMH Service Program

Environmental strategies related to the illicit or illegal use/abuse of prescription or OTC drugs <u>Drop Down List:</u> Physician education, Pharmacist education, Law enforcement education, Support of laws and policies, Other (w/ text box to specify)	STV01D	Environmental Strategies	Provider	Activities intended to prevent illicit use of prescription and OTC drugs: e.g., physician education, pharmacist education, law enforcement policies to assure adequate control over the distribution of these drugs, etc.	# of activities # of attendees (per KIT info)	S		
Environmental strategies related to tobacco sales prevention <u>Drop Down List:</u> Placement of legally required signs in bars, restaurants, stores, or other establishments Education of retailers and law enforcement personnel Working with Division of Alcoholic Beverage and Tobacco field agents to monitor underage Other (w/ text box to specify)	STV02	Environmental Strategies	Provider	Activities intended to prevent the sale of tobacco products to minors, to track activities such as the placement of legally required signs in bars, restaurants, stores, or other establishments regarding the dangers of tobacco use, or efforts to educate retailers and law enforcement personnel about these issues, e.g., retail outlet cashier and management education, working with Division of Alcoholic Beverage and Tobacco field agents to monitor underage sales, etc.	# of activities # of attendees per kit info)	S		
Prevention Policy Development <u>Drop Down List</u> Change of local environmental codes,	STV06	Environmental Strategies	Coalition (for community-wide & single-	Activities intended to change public and organizational policy about ATOD use/abuse, e.g., changing local and state environmental codes,	# of participants sectors # of activities # of attendees (per kit info)	S		

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Rev.07/01/2011

LifeStream Behavioral Center, Inc.

Exhibit L

Contract Page No. 128

PSMAI HC02
Contract No. PH204

7/01/2011

Community PREVENTION

SAMH Service Program

ordinances, Change of state environmental codes, ordinances, regulations Legislative policies and procedures. Organizational policies and procedures. Other (w/ text box to specify)			sector policies) Service Provider (for single sector policies, e.g., assisting a school or school district)	ordinances, regulations and legislation and organizational policies and procedures. Examples of targets for public policy efforts: law enforcement priorities, access to alcohol or tobacco products by minors, zoning ordinances to reduce the number of retail alcohol distributors, drug-free school zones, workplace policy			
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Strategic Planning	STC10B	Community Process	Coalition	This includes 1) needs assessment for a defined community: neighborhood, municipality, county, DCF district and 2) facilitation of a planning process based on the results of the needs assessment.	# of attendees # of participating organizations (sectors?)	S	
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Community PREVENTION

[illegible]

Rev. 07/01/2011
LifeStream Behavioral Center, Inc.

Exhibit L
Contract Page No. 130

PSMAJ HC02
Contract No. PH204

Assisted Living Facilities with Limited Mental Health License

Authority: s. 394.4574, F.S.

Contracted providers that enter into a cooperative agreement with an Assisted Living Facility-Limited Mental Health (ALF-LMH) that are also responsible for providing case management services to mental health residents in the ALF-LMH shall:

- 1) Ensure that all mental health residents as defined in s. 394.4574 (1) F.S. are assessed by a psychiatrist, clinical psychologist, clinical social worker or psychiatric nurse or individual who is supervised by one of these professionals, to establish that all residents are appropriate to reside in the ALF. A copy of that documentation shall be provided to the ALF administrator no later than 30 days following admission.
- 2) Ensure that case managers are assigned to all ALF-LMH residents who meet criteria as a mental health resident. If the resident declines case management, case managers must attempt to engage the person for a period not less than 30 days and document efforts in the ALF records. If the mental health resident continues to decline services, they must be encouraged to do so in writing, unless that is also refused. Documentation of a resident's declination of case management services and stated reason for declination must be maintained in case records at the ALF-LMH.
- 3) Ensure that individuals living in ALF-LMH and meeting the definition of a mental health resident served by the provider are offered mental health services needed, including but not limited to case management, psychiatric medication treatment, access to drop-in centers, clubhouses and other services where available.
- 4) Ensure that a cooperative agreement to provide mental health services, including case management as required in s. 429.075 F.S., is developed between the provider and administrator of the ALF-LMH.
- 5) Ensure that the cooperative agreement identifies, at a minimum: mental health services available; contact information for both the ALF Administrator and mental health provider, including after-hours emergency access; transportation provision; and services and activities available at the ALF-LMH. The ALF-LMH administrators must also be given contact information for the Department's Circuit Substance Abuse Mental Health Program Office and the managing entity, as appropriate. The cooperative agreement must contain a provision requiring the provider to maintain a file for each ALF-LMH client with copies of all required documentation. All ALF-LMH client records must be available for production by the provider for monitoring purposes.
- 6) Ensure that the Cooperative Agreement is annually updated between the provider and the ALF-LMH Administrator.
- 7) Ensure that an annual community living support plan, as defined in s. 429.02 F.S., is prepared by the assigned case manager and the resident served, in consultation with the ALF-LMH administrator of the facility in face-to-face meetings. At a minimum, meetings will be held for initial plan development and annual updates to the plan. More frequent meetings shall be held as necessary to resolve concerns expressed by the resident, case manager, or ALF-LMH Administrator. The plan should be individualized and should include information about support services and special needs.
- 8) Report all concerns related to health and safety violations to appropriate officials at the Agency for Health Care Administration and the Department's Abuse Hotline.

SUBSTANCE ABUSE FAMILY INTERVENTION SPECIALIST SERVICES**1. PURPOSE**

Family Intervention Specialists (FIS) are intended to reduce the incidence of child abuse and neglect resulting from parent(s)' or caregiver(s)' substance abuse and to improve outcomes for substance involved families in the child welfare system.

2. AUTHORITY

The FIS positions are specifically appropriated by the legislature as a line-item budget. FIS services are performed in compliance with Rule 65D-30, Florida Administrative Code (F.A.C.).

3. PROGRAM SPECIFIC TERMS

a. **AFTERCARE** - Structured services provided to individuals who have completed an episode of treatment and who are in need of continued observation and support to maintain recovery.

b. **CASE MANAGEMENT** - A process which is used by a provider to ensure that clients receive services appropriate to their needs and includes linking clients to services and monitoring the delivery and effectiveness of those services.

c. **CHILD WELFARE** - Services provided directly or under contract with the Florida Department of Children and Families' Family Safety Program Office.

d. **DEPARTMENT** - The Department of Children and Family Services, created pursuant to Section 20.19, Florida Statutes (F.S.).

e. **INTERVENTION** - Includes activities and strategies that are used to prevent or impede the development or progression of substance abuse problems.

f. **INTERVENTION PLAN** - A written plan of goals and objectives to be achieved by a client who is involved in intervention services.

g. **QUALIFIED PROFESSIONAL** - A physician licensed under Chapter 458 or 459, F.S., a practitioner licensed under Chapter 490 or 491, F.S., or a person who is certified through a department-recognized certification process as provided for in ss. 397.311(24), and 397.416, F.S. Individuals who are certified are permitted to serve in the capacity of a qualified professional, but only within the scope of their certification.

h. **SCREENING** - A process involving a brief review to determine the person's appropriateness and eligibility for substance abuse services and the possible level of service.

- i. SUMMARY - A written statement summarizing the results of the screening relative to the perceived condition of the client and a further statement of possible needs based on the client's condition.

4. GEOGRAPHIC AREA & LOCATION

- a. Services will be provided to the residents of Lake and Sumter counties and will be performed at the location of 515 W. Main Street, Leesburg, FL 34749 or in the field (i.e. client's home, community service center, etc.).
- b. FIS services should be located in a place where they will be easily available and accessible to child welfare personnel. FIS locations must be licensed for Intervention: General Intervention and Intervention: Case Management as required by Rule 65D-30, F.A.C.

5. SERVICES & TIMES

FIS provide adult substance abuse outreach, screening, intervention, and case management. FIS do not provide direct treatment services. Services will be provided, at a minimum, Monday through Friday, with flexible hours to meet the needs of clients.

6. PROFESSIONAL QUALIFICATIONS

- a. This contract provides for 2 Family Intervention Specialists.
- b. These must be specific staff positions identified as a FIS or FIS supervisor.
- c. Staff shall preferably hold the appropriate clinical license or certification. The minimum qualifications are a bachelor's degree in a social behavior science or related field and one (1) year of applicable experience. Preference should be given to certified addictions professionals or to individuals who have both substance abuse and child abuse/neglect knowledge and experience. All FIS services are to be provided under the supervision of a qualified professional, as required by Rule 65D-30, F.A.C.

7. CLIENT ELIGIBILITY

Services may be provided to parent(s)/caregiver(s) referred by child welfare or a dependency court in which substance abuse is suspected during the initial child abuse/neglect investigation, or at any point during child protective supervision or out-of-home care. Priority will be given to cases where a child is at risk for immediate removal or has been removed from the family, with a goal of reunification in the family safety plan.

Services may also be provided for the enrolled parent(s)/caregiver(s)' family members, household residents, or significant others in need of substance abuse prevention or treatment services, as well as children in relative placements.

8. REFERRALS TO FIS

- a. A referral shall be made when the dependency court or a child welfare worker suspects that parent(s)/caregiver(s)' alcohol and/or drug abuse may be contributing factors in a situation where a child's safety or well-being is at risk. Priority referrals are those children at risk for immediate removal or when children have been removed.
- b. The FIS shall attempt contact with the client within three (3) working days from receipt of the complete referral package. A phone contact or face-to-face visit is acceptable for the initial contact. During this contact, the FIS will conduct a screening or set an appointment to conduct a screening.
- c. The provider is responsible for determining what constitutes a complete referral package and conveying the requirements for a complete referral package to the referral agents.

9. CASELOAD

Each FIS shall maintain a caseload with a maximum of thirty-five (35) families. A family includes all members of the family who are in need of substance abuse services. Caseload size shall be based on the severity, case management needs, and resources available to support the FIS. Once the FIS case load has reached capacity, the referrals shall continue to be screened and referred to an appropriate treatment provider.

10. SCREENING

- a. The FIS shall conduct a comprehensive screening, using the department's "FIS Screen for Mental Health, Substance Abuse, and Co-Occurring Instrument", or a screening instrument approved by the department. Additional circuit screening tools may be used. If appropriate, a toxicology chemical dependency screening may be completed to identify the nature and extent of the substance use and to determine the most appropriate substance abuse referral source.
- b. The screening shall be completed within ten (10) working days from the date of the receipt of the referral package.

11. FIS REFERRAL OF CLIENT TO SERVICES

- a. If the client or a client's family member is in need of services, the FIS shall refer and schedule an appointment within 48 hours for the client to be seen within

seven (7) working days after completion of the screening with the most appropriate local provider for an assessment and subsequent services.

b. Upon completion of the client referral, the FIS shall provide a summary to the referral agent/child welfare worker. FIS can provide the summary to the referral agent/child welfare worker through electronic transmissions. The FIS must use appropriate safeguards to prevent use or disclosure of protected health information.

c. The primary referrals may be to substance abuse treatment providers for more in-depth evaluation and substance abuse treatment, if needed. Other referrals may include referrals for mental health screenings, assessments or treatment, referrals for medical or physical problems, other social or assistance services, legal, educational, housing, vocational, or employment services.

d. Referrals shall be based upon the client's needs, available community resources, and financial considerations.

e. Each FIS shall maintain a directory of treatment resources, eligibility criteria, and referral procedures for available prevention and treatment resources in each community. As per Section B.6.b.(1) of Attachment I, the provider agrees to mutually define, with child welfare, the role of the FIS positions within the system of care. The FIS will establish and maintain a working relationship with all providers within the community.

12. CASE PLANNING

a. The FIS are responsible for developing the substance abuse intervention plan as required by Rule 65D-30, F.A.C. The FIS are required to provide a copy of the intervention plan to the child welfare worker for incorporation into the child welfare case plan.

b. The FIS are responsible for reviewing and updating the substance abuse intervention plan as required by Rule 65D-30, F.A.C. An updated intervention plan is also required when there is a major change of status regarding the client's participation in substance abuse treatment. The FIS are required to provide a copy of the updated intervention plan to the child welfare worker for incorporation into the child welfare case plan.

13. CASE MANAGEMENT

The FIS shall perform continued case management related to the substance abuse portion of the plan. This will continue throughout the duration of the client's participation in substance abuse services. FIS should make contact, preferably face-to-face, at least monthly with the client. This may include participation in formal staffing or informal contact.

Case management activities shall include:

- I. Monitoring client's condition and progress in treatment;
- II. Linking clients to services as dictated by their needs; and
- III. Facilitating client's participation in treatment by removing barriers.

14. PROGRESS REPORT & STAFFING

a. The FIS shall provide a monthly written status report throughout the duration of the open substance abuse case to the child welfare worker, indicating treatment progress and alerting the child welfare worker to any barriers or other concerns. A written report is also required when there is a major change of status regarding the client's participation, and at the close of the case.

b. The FIS shall participate in staffing of the family's progress as requested by the child welfare worker or the substance abuse provider. The FIS will facilitate a staffing of the family's progress when there is a major change of status regarding the client's participation in substance abuse treatment. Although face-to-face staffing is preferred, interested parties may participate through telephone conferencing.

c. The FIS are required to remain informed regarding the status of the child welfare case plan.

15. DEPENDENCY COURT LIAISON

a. The FIS shall provide liaison services to the dependency court and inter-agency communication regarding the status and progress of clients in the FIS caseload who are in substance abuse treatment. In accordance with 42CFR 2.61, FIS, in consultation with the substance abuse treatment provider, shall assist child welfare staff in making recommendations to the court regarding family reunification.

b. The FIS shall appear in court under any of the following circumstances:

- I. Clinical case staffing of the client indicates the need for the FIS;
- II. The court issues a subpoena to the FIS;
- III. The department or a child welfare agency provides a request to the FIS in writing, requesting client court representation; or
- IV. Upon request of an attorney representing the department.

c. If the court requests a written status report in lieu of court appearance, the FIS shall provide said report to the department's Legal Counsel for filing with the court. Client/family requests for an FIS to appear on their behalf will be taken into consideration.

16. LENGTH OF SERVICE & DISCHARGE

a. FIS services shall be provided to an eligible client receiving substance abuse treatment or substance abuse aftercare treatment to ensure linkage with and support for the child welfare case plan. The provider may continue to provide FIS services to clients in active substance abuse treatment, or in substance abuse aftercare after the child welfare case is closed.

b. The client may be discharged from FIS services upon any of the following:

- I. Substance abuse treatment is completed;
- II. The case is closed by the child welfare agency;
- III. The client refuses to participate in the program; or
- IV. The client is incarcerated, or moves to another geographic area.

c. Decisions about when to close a case or keep it open should be made by the FIS in consultation with the substance abuse provider, child welfare worker, and/or the court.

17. CASE RECORDS

Case records must be consistent with requirements of Chapter 65D-30, F.A.C. Refer to the FIS revised guidelines for a specific description of required records. The revised FIS guidelines can be obtained from the department's contract manager.

18. DATA REPORTING REQUIREMENTS

Data shall be maintained by the provider and submitted to the state Substance Abuse Program Office as required by CFP 155-2. FIS shall enter data using an FIS Staff ID as defined in CFP 155-2. Data will also be submitted to the circuit office as per Exhibit C.

19. TRAINING

The provider agrees to allocate training dollars per FIS position to participate in the FIS statewide meetings when they occur, any training provided by the DCF Substance Abuse Program Office specifically for FIS, or to attend a work related conference.

20. INCIDENTAL FUNDS

a. These funds may be used to remove barriers to treatment that are identified as problems in the client's intervention plan and to provide resources that are necessary to keep the family member in treatment. This funding may be used when no other resources are available.

b. Uses of these funds include, but are not limited to, transportation, childcare, housing assistance, clothing, and educational/vocational assistance. Incidental funds may also be used for toxicology screens when they are identified as necessary in the client's screening or case management monitoring process, and in those instances when it is necessary to verify use or abstinence for a client in treatment.

c. Although use of these funds for toxicology screens is allowable, this should only occur in situations where other resources are unavailable. Incidental funds should primarily be used to fund clients' needs to remove barriers to treatment.

d. Criteria for use of the incidental funds, procedures for accessing them, and the accounting for expenditures will be developed cooperatively between the provider, the FIS, and the contract manager. The department's contract manager will have final approval of the criteria, procedures, and accounting for these funds.

e. Each month, the provider shall submit a report to the department's contract manager, which details year-to-date expenditures and the balance of the FIS incidental funds, along with the corresponding incidental fund request form(s). The expenditure of FIS incidental funds will be reflected in the incidental expenses cost center on the monthly invoice. This information must be monitored by the contracted provider agency to ensure that the funds allocated at the beginning of each fiscal year are not exceeded.

f. The total amount of FIS funding for this contract is \$136,805.00. This includes \$16,000.00 that the provider agrees to make available for Incidental funds.

21. INCIDENTAL FUND REQUEST FORM

a. The incidental fund request must contain, at a minimum, the information below:

- I. Name of the FIS accessing funds;
- II. Funds spent on behalf of (client name);
- III. Referral type (protective investigation/supervision);
- IV. Date of request;
- V. Description of Goods/Services requested;
- VI. How the purchase is related directly to the FIS intervention plan;
- VII. Goal/Reason for purchase amount requested; and
- VIII. FIS and approving authority signature with date.

POST AWARD NOTICE OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE

PROVIDER NAME: LifeStream Behavioral Center, Inc.

CONTRACT # PH204

PURPOSE: Section .400(d) of OMB Circular A-133, as revised, and Section 215.97(5)(a), Florida Statutes, require information about Federal programs and State projects be provided to the recipient. Information contained herein is a prediction of funding sources and related amounts based on the contract budget.

I. FEDERAL FUNDS AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Federal Program 1	(Department of Health and Human Services, 93.558, Temporary Assistance for Needy Families)	\$225,474.10
Federal Program 2	(Department of Health and Human Services, 93.958, Block Grants for Community Mental Health Services)	\$155,194.00
Federal Program 3	(Department of Health and Human Services, 93.959, Block Grants for Prevention and Treatment of Substance Abuse)	\$1,114,091.00
TOTAL FEDERAL FUNDS AWARDED		\$1,494,759.10

Specific compliance requirements for Federal funds awarded pursuant to this agreement can be found in OMB Circular A-133, Appendix B: Compliance Supplement at www.whitehouse.gov/omb/circulars.

II. STATE FUNDS AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

A. MATCHING FUNDS FOR FEDERAL PROGRAMS:

Federal Program 1	(Department of Health and Human Services, 93.558, Temporary Assistance for Needy Families)	\$5,444.90
Federal Program 2	(Department of Health and Human Services, 93.958, Block Grants for Community Mental Health Services)	\$38,102.00
TOTAL STATE FUNDS AWARDED FOR MATCHING		\$43,546.90

State funds reported above may include maintenance of effort funding. This occurs when a CFDA number is associated with state funds used to meet federal maintenance of effort requirements.

B. STATE FUNDS SUBJECT TO SECTION 215.97, FLORIDA STATUTES:

State Project 1	(Department of Children and Families, 60.114, Community Forensic Beds)	\$23,943.00
State Project 2	(Department of Children and Families, 60.059, Children's Mental Health Services - Special Projects - Emergency Stabilization)	\$270,000.00
State Project 3	(Department of Children and Families, 60.061, Adult Community Mental Health - Special Projects - Emergency Stabilization)	\$400,000.00
State Project 4	(Department of Children and Families, 60.048, Children's Mental Health SIPP RTC Non-Medicaid Eligible)	\$25,000.00
State Project 5	(Department of Children and Families, 60.055, Children's Mental Health Community Support Services)	\$45,196.00
State Project 6	(Department of Children and Families, 60.053, Adult Community Mental Health Community Support Services)	\$1,716,909.00
State Project 7	(Department of Children and Families, 60.039, Indigent Psychiatric Medication Program)	\$19,936.00
State Project 8	(Department of Children and Families, 60.001, Children's Baker Act Services)	\$24,200.00

State Project 9	(Department of Children and Families, 60.054, Adult Community Mental Health - Emergency Stabilization)	\$178,252.00
State Project 10	(Department of Children and Families, 60.006, Baker Act)	\$1,024,483.00
State Project 11	(Department of Children and Families, 60.030, Substance Abuse Treatment and Aftercare Services for Children)	\$593,473.00
State Project 12	(Department of Children and Families, 60.031, Substance Abuse Detoxification Services for Adults)	\$108,614.00
State Project 13	(Department of Children and Families, 60.033, Substance Abuse Treatment and Aftercare Services for Adults)	\$739,334.00
TOTAL STATE FUNDS AWARDED SUBJECT TO SECTION 215.97, F.S.		\$5,169,340.00

Specific compliance requirements for the State financial assistance awarded pursuant to this agreement can be found in Part Four: State Project Compliance Requirements of the Florida Single Audit Act at <https://apps.fldfs.com/fsaa/>.

C. STATE FUNDS AWARDED NOT INCLUDED ABOVE:

No Other State Funds Awarded

Compliance requirements applicable to these funds can be found in the contract.

Total amount of Contract:	\$ 6,707,646
Substance Abuse Funds in Contract:	\$ 2,688,431

Determine amount NOT requiring Match.

65E-14.005(3)(a),

F.A.C.	AMH (Deinstitutionalization projects)	
	Residential 1	
	Residential 2	\$ -
	Residential 3	\$ -
	Residential 4	\$ 85,922.00
	SRT, except those acute care continuum programs supported with Baker Act funds and operated by a public receiving facility	\$ -
	Supportive Housing/Living Case Management	\$ 65,000
	Intensive Case Mgt. FACT Teams	\$ -

65E-14.005(3)(b),

F.A.C.	CMH	
	Category 100435	\$ 378,298
	Category 102780	\$ -

65E-14.005(3)(c),

F.A.C.	Community Mental Health Block Grant Indicated by * on Exhibit H	\$ 155,194
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65E-14.005(3)(d),

F.A.C.	Drug Abuse Services
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(Obtain data from the Contracted Client Services web site.)

1. # of clients served with alcohol or drug problems:	1639
2. # of clients served with only alcohol problems:	939
3. Divide #2 by #1 to obtain % of alcohol clients served:	57.29%
4. Subtract #3 from 1.00 to obtain % of drug abuse clients served:	42.71%
5. Multiply #4 by the total amount of substance abuse funds in the contract to obtain the amount that does NOT require match:	\$ 1,148,201

Total Funds NOT requiring Match:	\$ 1,832,615
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Now calculate the Total Match Amount:

I. Subtract "Total Funds NOT requiring Match" from the total amount of the contract:	\$ 4,875,031
II. Divide Roman Numeral I. by 3 to arrive at the total match amount required:	\$ 1,625,010
Total Match-related Funds	\$ 4,875,031

Local Match Calculation Contract # PHJ10

Amendment 4

FY 2011-2012

Total amount of Contract:	\$	1,254,386	Fiscal Year 2011-2012
Substance Abuse Funds in Contract:	\$	-	

Determine amount NOT requiring Match.

65E-14.005(3)(a),

F.A.C. AMH (Deinstitutionalization projects)

Residential 1	\$	-
Residential 2	\$	-
Residential 3	\$	-
Residential 4	\$	-
SRT, except those acute care continuum programs supported with Baker Act funds and operated by a public receiving facility		
Supportive Housing/Living	\$	-
Case Management	\$	-
Intensive Case Mgt.		
FACT Teams	\$	1,254,386.00

Includes Supported Emp/Liv Services Projection offer under CCST

Includes Case MgmtL Services Projection offer under CCST

65E-14.005(3)(b),

F.A.C. CMH

Category 100435	\$	-
Category 102780	\$	-

65E-14.005(3)(c),

F.A.C. Community Mental Health Block Grant

Indicated by * on Funding Detail \$ -

65E-14.005(3)(d),

F.A.C. Drug Abuse Services

Most Recent Year

of Data Available	1. # of clients served with alcohol or	
in SAMHIS	drug problems:	1

Most Recent Year

of Data Available	2. # of clients served with only	
in SAMHIS	alcohol problems:	0
	3. Divide #2 by #1 to obtain % of	
	alcohol clients served:	0.00%
	4. Subtract #3 from 1.00 to obtain %	
	of drug abuse clients served:	100.00%
	5. Multiply #4 by the total amount of	
	substance abuse funds in the	
	contract to obtain the amount that	
	does NOT require match:	\$ -

Total Funds NOT requiring Match:	\$	1,254,386
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Now calculate the Total Match Amount.

I. Subtract "Total Funds NOT
requiring Match" from the total
amount of the contract:

\$	-
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II. Divide Roman Numeral I. by 3 to
arrive at the total match amount
required:

\$	-
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The Amount for 3 years is

\$	-
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